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| Fill in this information to identify your case: |                               |
|-------------------------------------------------|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|                                                 | Chapter 7 Chapter 11          |
|                                                 | Chapter 12 Chapter 13         |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify                                   | y Yourself                      |                                               |
|----------------------------------------------------|---------------------------------|-----------------------------------------------|
|                                                    | About Debtor 1:                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full na                                    |                                 |                                               |
| Write the name                                     |                                 | First name                                    |
| your governme<br>picture identific                 | eation (for Middle name         | Middle name                                   |
| example, your license or pass                      |                                 |                                               |
| nooned or pade                                     | Last name                       | Last name                                     |
| Bring your pict identification to meeting with the | your Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other na                                    | mes vou                         |                                               |
| have used in                                       |                                 | First name                                    |
| 8 years                                            |                                 |                                               |
| Include your m                                     | Middle name                     | Middle name                                   |
| maiden names                                       |                                 | Last name                                     |
|                                                    | Last Harrie                     | Last Hame                                     |
|                                                    | First name                      | First name                                    |
|                                                    |                                 |                                               |
|                                                    | Middle name                     | Middle name                                   |
|                                                    | Last name                       | Last name                                     |
| 3. Only the las                                    | t 4 digits XXX - XX- 1850       | xxx - xx-                                     |
| Security nul                                       | mber or OR                      | OR                                            |
| Taxpayer Identification                            | 0 vv - vv-                      | 9 xx - xx-                                    |
| (ITIN)                                             | ii iidiiidoi                    |                                               |

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| D  | ebtor 1 Loinda<br>First Name                           | Jones  Middle Name Last Name                                                                                                                        | Case number (if known)                                                                                                                     |
|----|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                        | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.                                                                                                         | I have not used any business names or EINs.                                                                                                |
|    | Identification Numbers (EIN) you have used in the last | Business name                                                                                                                                       | Business name                                                                                                                              |
|    | 8 years                                                | Business name                                                                                                                                       | Business name                                                                                                                              |
|    | Include trade names and doing business as names        | EIN                                                                                                                                                 | EIN                                                                                                                                        |
|    |                                                        | EIN                                                                                                                                                 | EIN                                                                                                                                        |
| 5. | Where you live                                         | 1017 5 0711 51                                                                                                                                      | If Debtor 2 lives at a different address:                                                                                                  |
|    |                                                        | 1247 E 97th Pl<br>Number Street                                                                                                                     | Number Street                                                                                                                              |
|    |                                                        | ChicagoIllinois60628CityStateZip Code                                                                                                               | City State Zip Code                                                                                                                        |
|    |                                                        | Cook<br>County                                                                                                                                      | County                                                                                                                                     |
|    |                                                        | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |                                                        | Number Street                                                                                                                                       | Number Street                                                                                                                              |
|    |                                                        | City State Zip Code                                                                                                                                 | City State Zip Code                                                                                                                        |
| 6. | Why you are                                            | · ·                                                                                                                                                 |                                                                                                                                            |
|    | choosing this district to file for bankruptcy          | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |
|    |                                                        | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)                                                                                            | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)                                                                                   |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |
|    |                                                        |                                                                                                                                                     |                                                                                                                                            |

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| Del | btor 1 Loinda                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           | Case number (if kno                                                                                                                                     | wn)                                                                                                                                                                                                                                                                                                                                       |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | First Name                                                                                                                                      | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |
| Par | Tell the Court Abo                                                                                                                              | out Your Bankruptcy Case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                           |
|     | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under                                                                      | Check one. (For a brief description Bankruptcy (Form B2010)). Also,  Chapter 7 Chapter 11 Chapter 12 Chapter 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           |                                                                                                                                                         | c. § 342(b) for Individuals Filing for priate box.                                                                                                                                                                                                                                                                                        |
|     | How you will pay the fee                                                                                                                        | more details about how yo cashier's check, or money of may pay with a credit card of a line of the lin | u may pay. Typically, if you order. If your attorney is so or check with a pre-printe stallments. If you choose ing Fee in Installments (Ovaived (You may request red to, waive your fee, and tapplies to your family sidu must fill out the Application. | ou are paying the<br>submitting your ped address.<br>this option, sig<br>official Form 103.<br>this option only<br>d may do so only<br>ze and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of inable to pay the fee in installments). If e Chapter 7 Filing Fee Waived (Official |
|     | Have you filed for bankruptcy within the last 8 years?                                                                                          | Ves. District District District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | When When When                                                                                                                                                                                                                                            | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY                                                                                                          | Case number  Case number  Case number                                                                                                                                                                                                                                                                                                     |
|     | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>W</u> hen<br><u>W</u> hen                                                                                                                                                                                                                              | MM / DD / YYYY                                                                                                                                          | Relationship to you  Case number, if known  Relationship to you  Case number, if known                                                                                                                                                                                                                                                    |
|     | Do you rent your residence?                                                                                                                     | No. Go to line 12.  ✓ Yes. Has your landlord obtain  ✓ No. Go to line 12.  — Yes. Fill out <i>Initial S</i> this bankrupto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Statement About an Eviction                                                                                                                                                                                                                               |                                                                                                                                                         | ot You (Form 101A) and file it with                                                                                                                                                                                                                                                                                                       |

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Debtor 1 Loinda Jones \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1
 Loinda
 Jones
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Loinda Jones Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 2/20/2018 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Loinda                                  |                           | Jones                                 | Case number (if             | known)                                                                                                                 |
|--------------------------------------------------|---------------------------|---------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------|
| First Name                                       | Middle Name               | Last Name                             |                             |                                                                                                                        |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12                 | , or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>llso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | ired by 11 U.S.C. § 3                 | 342(b) and, in a case in v  | vhich § 707(b)(4)(D) applies, certify that I                                                                           |
| represented by an                                | have no knowledge afte    | r an inquiry that the i               | nformation in the sched     | ules filed with the petition is incorrect.                                                                             |
| attorney, you do not                             | •                         | , , , , , , , , , , , , , , , , , , , |                             | μ                                                                                                                      |
| need to file this page.                          | /s/ Brittney Mansfie      | ld                                    | Date                        | 2/20/2018                                                                                                              |
|                                                  | Signature of Attorney     |                                       | M                           | M / DD / YYYY                                                                                                          |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  | Brittney Mansfield        |                                       |                             |                                                                                                                        |
|                                                  | Printed name              |                                       |                             |                                                                                                                        |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  | Semrad Law Firm           |                                       |                             |                                                                                                                        |
|                                                  | Firm name                 |                                       |                             |                                                                                                                        |
|                                                  | 11101 S. Western Ave      | enue                                  |                             |                                                                                                                        |
|                                                  | Street                    |                                       |                             |                                                                                                                        |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  | Chicago                   |                                       | Illinois                    | 60643                                                                                                                  |
|                                                  | City                      |                                       | State                       | Zip Code                                                                                                               |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  | Contact phone             | 3124477849                            | Email address               | bmansfield@semradlaw.com                                                                                               |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  |                           |                                       |                             |                                                                                                                        |
|                                                  | Bar number                |                                       | State                       |                                                                                                                        |

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| Fill in this infor        | mation to identify your c | ase:        |                      |   |
|---------------------------|---------------------------|-------------|----------------------|---|
| Debtor 1                  | Loinda                    |             | Jones                |   |
|                           | First Name                | Middle Name | Last Name            | _ |
| Debtor 2                  |                           |             |                      |   |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name            | _ |
| United States E           | Sankruptcy Court for the: | Northern    | District of Illinois | _ |
| Case number<br>(If known) |                           |             | (State)              | _ |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filir | ng |    |

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets                                                                                                                                                                      |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                                                                                                                                                    | Your assets<br>Value of what you own      |
| . Schedule A/B: Property (Official Form 106A/B)                                                                                                                                                    | \$0.00                                    |
| 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                             | 40.00                                     |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$4,470.00                                |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$4,470.00                                |
| art 2: Summarize Your Liabilities                                                                                                                                                                  |                                           |
|                                                                                                                                                                                                    | <b>Your liabilities</b><br>Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00                                    |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)                                                                                                                         | \$0.00                                    |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                                                     |                                           |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$12,149.00                               |
| Your total liabilities                                                                                                                                                                             | \$12,149.00                               |
| Part 3: Summarize Your Income and Expenses                                                                                                                                                         |                                           |
| . Schedule I: Your Income (Official Form 106I)                                                                                                                                                     | \$2,446.01                                |
| Copy your combined monthly income from line 12 of Schedule I                                                                                                                                       |                                           |
|                                                                                                                                                                                                    |                                           |

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| Deb           | tor 1 Loinda                                                                    |                              | Jones                         | Case number (if known)                                                       |            |
|---------------|---------------------------------------------------------------------------------|------------------------------|-------------------------------|------------------------------------------------------------------------------|------------|
| 5 .           | First Name                                                                      | Middle Name                  | Last Name                     | a a mala                                                                     |            |
| Part          | 4: Answer These Ques                                                            | stions for Administrati      | ive and Statistical Red       | coras                                                                        |            |
| 6. <b>A</b>   | re you filing for bankruptcy                                                    | under Chapters 7, 11, or     | r 13?                         |                                                                              |            |
|               | No. You have nothing to r                                                       | eport on this part of the fo | rm. Check this box and sub    | bmit this form to the court with your other                                  | schedules. |
| Ī             | ✓ Yes.                                                                          |                              |                               |                                                                              |            |
| 7 14          |                                                                                 | 0                            |                               |                                                                              |            |
| 7. <b>v</b> \ | /hat kind of debt do you hav<br>                                                |                              |                               |                                                                              |            |
| Ŀ             |                                                                                 |                              |                               | ed by an individual primarily for a personal, cal purposes. 28 U.S.C. § 159. |            |
|               | Your debts are not prime this form to the court with                            |                              | u have nothing to report or   | n this part of the form. Check this box and                                  | submit     |
|               |                                                                                 |                              |                               |                                                                              |            |
|               | <b>From the <i>Statement of You</i>r</b><br>Form 122A-1 Line 11; <b>OR</b> , Fo | _                            | 1,7,7                         | nonthly income from Official                                                 | \$2,454.00 |
|               |                                                                                 |                              |                               |                                                                              |            |
| 9.            | Copy the following special                                                      | categories of claims fro     | m Part 4, line 6 of Sched     | ule E/F:                                                                     |            |
|               | From Part 4 on Schedule E                                                       | F/F, copy the following:     |                               | Total claim                                                                  |            |
|               | 9a. Domestic support obliga                                                     | tions (Copy line 6a.)        |                               | \$0.00                                                                       | _          |
|               | 9b. Taxes and certain other of                                                  | lebts you owe the governr    | ment. (Copy line 6b.)         | \$0.00                                                                       | _          |
|               | 9c. Claims for death or person                                                  | nal injury while you were in | ntoxicated. (Copy line 6c.)   | \$0.00                                                                       | _          |
|               | 9d. Student loans. (Copy line                                                   | e 6f.)                       |                               | \$0.00                                                                       | _          |
|               | 9e. Obligations arising out of                                                  |                              | r divorce that you did not re | eport as \$0.00                                                              | _          |
|               | priority claims. (Copy line 6g.                                                 | .)                           |                               | \$0.00                                                                       |            |
|               | 9f. Debts to pension or profit                                                  | t-sharing plans, and other   | similar debts. (Copy line 6h  |                                                                              | _          |

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | information to identify your o                                                            | case:                                                         |                                                                                                                                                                                         |                                                                        |                                                            |
|----------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------|
|                                        |                                                                                           |                                                               | Loren                                                                                                                                                                                   |                                                                        |                                                            |
| Debtor 1                               | Loinda<br>First Name                                                                      | Middle Na                                                     | Jones<br>ame Last Name                                                                                                                                                                  |                                                                        |                                                            |
| Debtor 2                               | . not realite                                                                             |                                                               |                                                                                                                                                                                         |                                                                        |                                                            |
| (Spouse, if fil                        | ing) First Name                                                                           | Middle Na                                                     | ame Last Name                                                                                                                                                                           |                                                                        |                                                            |
| United Sta                             | tes Bankruptcy Court for the:                                                             | Northern                                                      | District of Illinois (State)                                                                                                                                                            |                                                                        |                                                            |
| Case num<br>(If known)                 | ber                                                                                       |                                                               |                                                                                                                                                                                         |                                                                        |                                                            |
| Officia                                | I Form 106A/B                                                                             |                                                               |                                                                                                                                                                                         | _                                                                      | Check if this is an amended filing                         |
| Sched                                  | dule A/B: Prope                                                                           | erty                                                          |                                                                                                                                                                                         |                                                                        | 12/1                                                       |
| category v<br>responsibl<br>write your | where you think it fits best.<br>e for supplying correct info<br>name and case number (if | Be as complete an<br>rmation. If more sp<br>known). Answer ev | t an asset only once. If an asset fits in m<br>d accurate as possible. If two married p<br>ace is needed, attach a separate sheet<br>ery question.<br>d, or Other Real Estate You Own o | eople are filing together, both a<br>to this form. On the top of any a | re equally                                                 |
|                                        |                                                                                           |                                                               |                                                                                                                                                                                         |                                                                        |                                                            |
|                                        | No. Go to Part 2                                                                          | quitable interest ir                                          | n any residence, building, land, or simila                                                                                                                                              | r property?                                                            |                                                            |
| <u> </u>                               |                                                                                           |                                                               |                                                                                                                                                                                         |                                                                        |                                                            |
| Ц                                      | Yes. Where is the property?                                                               |                                                               |                                                                                                                                                                                         |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | What is the property? Check all that apply                                                                                                                                              |                                                                        | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| 1.1                                    | Street address, if available, or                                                          | other description                                             | Single-family home                                                                                                                                                                      |                                                                        | ims Secured by Property.                                   |
|                                        |                                                                                           |                                                               | Duplex or multi-unit building Condominium or cooperative                                                                                                                                | Current value of the                                                   | Current value of the                                       |
|                                        |                                                                                           |                                                               | Manufactured or mobile home                                                                                                                                                             | entire property?                                                       | portion you own?                                           |
|                                        |                                                                                           |                                                               | Land                                                                                                                                                                                    |                                                                        |                                                            |
|                                        | Number Street                                                                             |                                                               | Investment property                                                                                                                                                                     | Describe the nature o                                                  |                                                            |
|                                        |                                                                                           |                                                               | Timeshare                                                                                                                                                                               | interest (such as fee s<br>the entireties, or a life                   |                                                            |
|                                        | City State                                                                                | Zip Code                                                      | Other                                                                                                                                                                                   |                                                                        | - cotatoj, ii kilowiii                                     |
|                                        |                                                                                           |                                                               | Who has an interest in the property? Ch                                                                                                                                                 | Check if this is co                                                    | mmunity property                                           |
|                                        |                                                                                           |                                                               | one.                                                                                                                                                                                    | Ш                                                                      |                                                            |
|                                        |                                                                                           |                                                               | Debtor 1 only                                                                                                                                                                           |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | Debtor 2 only  Debtor 1 and Debtor 2 only                                                                                                                                               |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | At least one of the debtors and another                                                                                                                                                 | r                                                                      |                                                            |
|                                        |                                                                                           |                                                               |                                                                                                                                                                                         |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | Other information you wish to add about property identification number:                                                                                                                 | it this item, such as local                                            |                                                            |
| If you                                 | own or have more than one, I                                                              | ist here:                                                     |                                                                                                                                                                                         |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | What is the property? Check all that apply                                                                                                                                              |                                                                        | claims or exemptions. Put                                  |
| 1.2                                    | Street address, if available, or                                                          | other description                                             | Single-family home                                                                                                                                                                      |                                                                        | red claims on Schedule D: ims Secured by Property.         |
|                                        | , <del></del> ,                                                                           |                                                               | Duplex or multi-unit building                                                                                                                                                           | Current value of the                                                   | Current value of the                                       |
|                                        |                                                                                           |                                                               | Condominium or cooperative                                                                                                                                                              | entire property?                                                       | portion you own?                                           |
|                                        |                                                                                           |                                                               | Manufactured or mobile home                                                                                                                                                             |                                                                        |                                                            |
|                                        | Number Street                                                                             | _                                                             | Land                                                                                                                                                                                    | Describe the nature of                                                 | f vour ownership                                           |
|                                        |                                                                                           |                                                               | Investment property  Timeshare                                                                                                                                                          | interest (such as fee s                                                | imple, tenancy by                                          |
|                                        | City State                                                                                | Zip Code                                                      | Other                                                                                                                                                                                   | the entireties, or a life                                              | e estate), if known.                                       |
|                                        |                                                                                           |                                                               |                                                                                                                                                                                         | Check if this is co                                                    | mmunity property                                           |
|                                        |                                                                                           |                                                               | Who has an interest in the property? Ch                                                                                                                                                 |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | one.  Debtor 1 only                                                                                                                                                                     | ⊔                                                                      |                                                            |
|                                        |                                                                                           |                                                               | Debtor 2 only                                                                                                                                                                           |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | Debtor 1 and Debtor 2 only                                                                                                                                                              |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | At least one of the debtors and another                                                                                                                                                 | r                                                                      |                                                            |
|                                        |                                                                                           |                                                               | ш                                                                                                                                                                                       |                                                                        |                                                            |
|                                        |                                                                                           |                                                               | Other information you wish to add about property identification number:                                                                                                                 | at tine item, such as lucal                                            |                                                            |

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| Debtor 1                     | Loinda<br>First Name                                                    | Middle Name        | Jones<br>Last Name                                                                                                                                                                                              | Case number (if kn                 | own)                                                                 |                                                                                                                                       |
|------------------------------|-------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1.3Stre                      | et address, if available, or other                                      | V                  | What is the property? Check all that app Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                                                                | the :<br><i>Crec</i><br><b>Cur</b> | amount of any secui                                                  | claims or exemptions. Put<br>red claims on <i>Schedule D:</i><br>ims Secured by Property.<br>Current value of the<br>portion you own? |
| Nur<br>City                  | nber Street State 2                                                     | Zip Code           | Land Investment property Timeshare Other                                                                                                                                                                        | inte                               | cribe the nature of<br>rest (such as fee si<br>entireties, or a life | imple, tenancy by                                                                                                                     |
|                              |                                                                         | ]<br>]<br>]<br>2   | Who has an interest in the property? C  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add aborroperty identification number: | er                                 | Check if this is co<br>(see instructions)                            | mmunity property                                                                                                                      |
|                              | the dollar value of the portion we attached for Part 1. Write           | that number h      | <b>.</b>                                                                                                                                                                                                        | g any entries for                  | pages                                                                |                                                                                                                                       |
| <b>Oo you ov</b><br>ou own t | hat someone else drives. If you<br>ins, trucks, tractors, sport utility | lease a vehicle, a | in any vehicles, whether they are reg<br>also report it on Schedule G: Executory C<br>cycles                                                                                                                    |                                    | •                                                                    |                                                                                                                                       |
| 3.1                          | Make Model: Year: Approximate mileage:                                  |                    | Who has an interest in the propert one.  Debtor 1 only                                                                                                                                                          | the<br>Cre                         | amount of any secu<br>editors Who Have Cla                           | claims or exemptions. Put tred claims on <i>Schedule D:</i> nims Secured by Property.                                                 |
|                              | Other information:                                                      |                    | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Check if this is community pro instructions)                                                                                        | ent<br>nother                      | rrent value of the<br>ire property?<br>                              | Current value of the portion you own?                                                                                                 |
| 3.2                          | Make Model: Year:                                                       |                    | Who has an interest in the propert one.  Debtor 1 only                                                                                                                                                          | the                                | amount of any secu                                                   | claims or exemptions. Put<br>ared claims on <i>Schedule D:</i><br>nims Secured by Property.                                           |
|                              | Approximate mileage:  Other information:                                |                    | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Check if this is community pro instructions)                                                                                        | ent<br>nother                      | rrent value of the<br>ire property?                                  | Current value of the portion you own?                                                                                                 |

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|      | Loinda<br>First Name                                                                                                                       | Middle Name | Jones<br>Last Name                                                                                                                                                                                                                                | Case number                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.3  | Make<br>Model:<br>Year:                                                                                                                    |             | Who has an interest in the pone.  Debtor 1 only                                                                                                                                                                                                   | property? Check                                                     | Do not deduct secured the amount of any secu<br>Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                                                                 |
|      | Approximate mileage:                                                                                                                       |             | Debtor 2 only                                                                                                                                                                                                                                     | h.                                                                  | Current value of the entire property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Current value of the portion you own?                                                                                                                                             |
|      | Other information:                                                                                                                         |             | Debtor 1 and Debtor 2 on                                                                                                                                                                                                                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|      |                                                                                                                                            |             | At least one of the debtors                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|      |                                                                                                                                            |             | Check if this is commun instructions)                                                                                                                                                                                                             | ity property (see                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| 3.4  | Make                                                                                                                                       |             | Who has an interest in the p                                                                                                                                                                                                                      | property? Check                                                     | Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                 |
|      | Model:                                                                                                                                     |             | one.                                                                                                                                                                                                                                              |                                                                     | the amount of any secu<br>Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                   |
|      | Year: Approximate mileage:                                                                                                                 |             | Debtor 1 only                                                                                                                                                                                                                                     |                                                                     | Creditors Willo Have Cia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ums secured by Fropen                                                                                                                                                             |
|      | Approximate mileage.                                                                                                                       |             | Debtor 2 only                                                                                                                                                                                                                                     |                                                                     | Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Current value of the                                                                                                                                                              |
|      | Other information:                                                                                                                         |             | Debtor 1 and Debtor 2 on                                                                                                                                                                                                                          | ly                                                                  | entire property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | portion you own?                                                                                                                                                                  |
|      |                                                                                                                                            |             | At least one of the debtors                                                                                                                                                                                                                       | and another                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|      |                                                                                                                                            |             | Check if this is commun                                                                                                                                                                                                                           | ity property (see                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| Exar |                                                                                                                                            | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles, r                                                                                                                                                                             | •                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes                                                                                                | •           |                                                                                                                                                                                                                                                   | notorcycle accessor                                                 | Do not deduct secured the amount of any secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | red claims on <i>Schedule</i>                                                                                                                                                     |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                                                                     | •           | t, fishing vessels, snowmobiles, r<br>Who has an interest in the p                                                                                                                                                                                | notorcycle accessor                                                 | Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | red claims on <i>Schedule</i>                                                                                                                                                     |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:                                                                              | •           | t, fishing vessels, snowmobiles, r  Who has an interest in the p one.                                                                                                                                                                             | notorcycle accessor                                                 | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on Schedule<br>hims Secured by Propert<br>Current value of the                                                                                                         |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                                                                     | •           | t, fishing vessels, snowmobiles, r  Who has an interest in the p one.  Debtor 1 only                                                                                                                                                              | notorcycle accessor<br>property? Check                              | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on Schedule<br>ims Secured by Propert                                                                                                                                  |
| Exar | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:                                                         | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only                                                                                                                                                                                     | notorcycle accessor property? Check                                 | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on Schedule<br>hims Secured by Propert<br>Current value of the                                                                                                         |
| Exar | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:                                                         | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on                                                                                                                                                            | property? Check  by sand another                                    | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red claims on Schedule<br>hims Secured by Propert<br>Current value of the                                                                                                         |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                     | •           | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) Who has an interest in the pone.                                                          | property? Check  ly s and another  ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | red claims on Schedule ims Secured by Propert Current value of the portion you own?                                                                                               |
| 4.1  | Make Model: Other information:  Make Model: Make Model: Make Model: Make Model: Model: Make Model:                                         | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone.                                                         | property? Check  ly s and another  ity property (see                | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | claims on Schedule control of the portion you own?  claims or exemptions. I                                                                                                       |
| 4.1  | Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:                             | •           | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone. Debtor 1 only                                           | property? Check  ly s and another  ity property (see                | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Have Clate Creditors Who Have Clate Control of the Secured Creditors Who Have Clate Creditors | red claims on Schedule ims Secured by Propent Current value of the portion you own?  claims or exemptions. If the claims on Schedule ims Secured by Propentities.                 |
| 4.1  | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | •           | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only                             | oroperty? Check  s and another ity property (see property? Check    | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | red claims on Schedule ims Secured by Propert  Current value of the portion you own?  claims or exemptions. It is claims on Schedule ims Secured by Propert  Current value of the |
| 4.1  | Make Model: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information:                             | •           | who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only | oroperty? Check  ly s and another ity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Have Clate Creditors Who Have Clate Control of the Secured Creditors Who Have Clate Creditors | red claims on Schedule ims Secured by Propen  Current value of the portion you own?  claims or exemptions. I used claims on Schedule ims Secured by Propen                        |
| 4.1  | mples: Boats, trailers, motors  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | •           | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions)  Who has an interest in the pone. Debtor 1 only Debtor 2 only                             | oroperty? Check  ly s and another ity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | claims or schedule portion you own?                                                                                                                                               |

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used bedroom furniture, used living room furniture, used dining room furniture \$400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used cell phone. 4 used tvs, 2 used tablets \$400.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1300.00 for Part 3. Write that number here .....

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... \$20.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Bank of America \$150.00 17.1. Checking account: 17.2. Checking account: 2017 Federal Income Tax Refund Jackson Hewitt \$3000.00 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: Netspend Prepaid Card \$0.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

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| Deb <sup>-</sup> | tor 1 Loinda                                   | NA'-d-U- NI                                                            | Jones                       | Case number (if known)                       |          |
|------------------|------------------------------------------------|------------------------------------------------------------------------|-----------------------------|----------------------------------------------|----------|
|                  | First Name                                     | Middle Name                                                            | Last Name                   |                                              |          |
| 20.              |                                                | orate bonds and other negotial                                         |                             |                                              |          |
|                  |                                                | include personal checks, cashiers<br>ents are those you cannot transfe |                             |                                              |          |
|                  | ✓ No                                           |                                                                        |                             |                                              |          |
|                  |                                                |                                                                        |                             |                                              |          |
|                  | Yes. Give specific information about           | Issuer name:                                                           |                             |                                              |          |
|                  | them                                           |                                                                        |                             |                                              |          |
|                  |                                                |                                                                        |                             |                                              |          |
|                  |                                                | -                                                                      |                             |                                              |          |
|                  |                                                |                                                                        |                             |                                              |          |
| 21.              | Retirement or pension                          | accounts                                                               |                             |                                              |          |
|                  |                                                |                                                                        | ), thrift savings accoun    | ts, or other pension or profit-sharing plans |          |
|                  | <b>✓</b> No                                    |                                                                        |                             |                                              |          |
|                  | Yes. List each                                 | Type of account:                                                       | Institution name:           |                                              |          |
|                  | account separately.                            | 401(k) or similar plan:                                                |                             |                                              | _        |
|                  |                                                | Pension plan:                                                          |                             |                                              |          |
|                  |                                                | IRA:                                                                   |                             |                                              |          |
|                  |                                                | Retirement account:                                                    |                             |                                              |          |
|                  |                                                | Keogh:                                                                 |                             |                                              |          |
|                  |                                                | Additional account:                                                    |                             |                                              |          |
|                  |                                                | Additional account:                                                    |                             |                                              |          |
| 22.              | Security deposits and                          | prepayments                                                            |                             |                                              |          |
|                  | Your share of all unused                       | d deposits you have made so that                                       |                             |                                              |          |
|                  | Examples: Agreements vice companies, or others | with landlords, prepaid rent, public                                   | c utilities (electric, gas, | water), telecommunications                   |          |
|                  | ✓ No                                           |                                                                        | Institution name:           |                                              |          |
|                  | Yes                                            | <b>-</b> 1                                                             |                             |                                              |          |
|                  |                                                | Electric:                                                              |                             |                                              | _        |
|                  |                                                | Gas:                                                                   |                             |                                              | _        |
|                  |                                                | Heating oil:                                                           | -                           |                                              | _        |
|                  |                                                | Security deposit on rental unit:                                       |                             |                                              | _        |
|                  |                                                | Prepaid rent:                                                          |                             |                                              |          |
|                  |                                                | Telephone:                                                             |                             |                                              |          |
|                  |                                                | Water:                                                                 |                             |                                              |          |
|                  |                                                | Rented furniture:                                                      |                             |                                              |          |
|                  |                                                | Other:                                                                 |                             |                                              |          |
| 23.              | Annuities (A contract for                      | or a periodic payment of money to                                      | you, either for life or fo  | or a number of years)                        |          |
|                  | <b>✓</b> No                                    |                                                                        |                             |                                              |          |
|                  | Yes                                            | Issuer name and description:                                           |                             |                                              |          |
|                  |                                                |                                                                        |                             |                                              | · .      |
|                  |                                                |                                                                        |                             |                                              |          |
|                  |                                                |                                                                        |                             |                                              |          |
|                  |                                                |                                                                        |                             |                                              | <u> </u> |

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| Debt | or 1 Loinda<br>First Name       | Middle N                                                    | Jones  Name Last Name                                                        | Case number (if known)                        |                                                                                    |
|------|---------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|
| 24.  | Interests in a                  | n education IRA, in an acc                                  | ount in a qualified ABLE program, o                                          | r under a qualified state tuition program.    |                                                                                    |
|      | ✓ No                            | 530(b)(1), 529A(b), and 529( Institution name and descrip   | o)(1).                                                                       | interests.11 U.S.C. § 521(c):                 |                                                                                    |
|      |                                 |                                                             |                                                                              |                                               |                                                                                    |
|      |                                 |                                                             |                                                                              |                                               |                                                                                    |
| 25.  |                                 | able or future interests in p<br>or your benefit            | roperty (other than anything listed i                                        | n line 1), and rights or powers               |                                                                                    |
|      | V No Yes. Desc                  | cribe                                                       |                                                                              |                                               |                                                                                    |
| 26.  |                                 |                                                             | secrets, and other intellectual props, proceeds from royalties and licensing |                                               |                                                                                    |
|      | V No Yes. Desc                  | pribe                                                       |                                                                              |                                               |                                                                                    |
| 27.  |                                 | nchises, and other general ilding permits, exclusive licens | intangibles<br>ses, cooperative association holdings, l                      | iquor licenses, professional licenses         |                                                                                    |
|      | Ves. Desc                       | pribe                                                       |                                                                              |                                               |                                                                                    |
| Moi  | ney or propei                   | rty owed to you?                                            |                                                                              |                                               | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28.  | Tax refunds or                  | wed to you                                                  |                                                                              |                                               |                                                                                    |
|      | ✓ No  Yes. Give s               | specific information                                        |                                                                              | Federal:                                      | \$0.00                                                                             |
|      | you a                           | It them, including whether already filed the returns        |                                                                              | State:                                        | \$0.00                                                                             |
|      | and t                           | the tax years                                               |                                                                              | Local:                                        | \$0.00                                                                             |
| 29.  | Family suppor<br>Examples: Past |                                                             | pousal support, child support, mainter                                       | nance, divorce settlement, property settlemen | t                                                                                  |
|      | <b>✓</b> No                     |                                                             |                                                                              | Alimony:                                      | \$0.00                                                                             |
|      | Yes. Give                       | specific information                                        |                                                                              | Maintenance:                                  | \$0.00                                                                             |
|      |                                 |                                                             |                                                                              | Support:                                      | \$0.00                                                                             |
|      |                                 | ,                                                           |                                                                              | Divorce settlement:                           | \$0.00                                                                             |
|      |                                 |                                                             |                                                                              | Property settlement:                          | \$0.00                                                                             |
| 30.  | Examples: Unp                   |                                                             | e payments, disability benefits, sick pa<br>pans you made to someone else    | y, vacation pay, workers' compensation,       |                                                                                    |
|      | ✓ No                            |                                                             |                                                                              |                                               |                                                                                    |
|      | Yes. Descr                      | nbe                                                         |                                                                              |                                               |                                                                                    |

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| Deb  | tor 1 Loinda                                  |                                                   | Jones                                                                | Case number (if known)                         |                                                                                  |
|------|-----------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------|
|      | First Name                                    | Middle Nam                                        | e Last Name                                                          |                                                |                                                                                  |
| 31.  | Interests in insurance Examples: Health, disa |                                                   | ealth savings account (HSA); credit, h                               | nomeowner's, or renter's insurance             |                                                                                  |
|      | Yes. Name the ins                             |                                                   | Company name:                                                        | Beneficiary:                                   | Surrender or refund value:                                                       |
| 32.  |                                               | ary of a living trust, expect                     | n someone who has died<br>proceeds from a life insurance polic       | ry, or are currently entitled to receive       |                                                                                  |
|      | Yes. Describe                                 |                                                   |                                                                      |                                                |                                                                                  |
| 33.  |                                               |                                                   | you have filed a lawsuit or made<br>surance claims, or rights to sue | a demand for payment                           |                                                                                  |
| 3/1  | <u> </u>                                      | d unliquidated claims of                          | f every nature, including counter                                    | claims of the debtor and rights                |                                                                                  |
| 34.  | to set off claims                             | u umquidated ciamis d                             | r every nature, including counter                                    | ciains of the deptor and rights                |                                                                                  |
|      | Yes. Describe                                 |                                                   |                                                                      |                                                |                                                                                  |
| 35.  |                                               | you did not already list                          |                                                                      |                                                |                                                                                  |
|      | Yes. Describe                                 |                                                   |                                                                      |                                                |                                                                                  |
| 36.  |                                               | -                                                 | m Part 4, including any entries fo                                   |                                                | \$3170.00                                                                        |
| Part | 5: Describe Any                               | Business-Related Pr                               | operty You Own or Have an I                                          | nterest In. List any real estate in Pa         | rt 1.                                                                            |
| 37.  | Do you own or have                            | any legal or equitable in                         | nterest in any business-related pr                                   | operty?                                        |                                                                                  |
|      | No. Go to Part 6. Yes. Go to line 38          | 3.                                                |                                                                      |                                                | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  |                                               | or commissions you al                             | ready earned                                                         |                                                |                                                                                  |
|      | Yes. Describe                                 |                                                   |                                                                      |                                                |                                                                                  |
| 39.  |                                               | rnishings, and supplies elated computers, softwar | re, modems, printers, copiers, fax ma                                | achines, rugs, telephones, desks, chairs, elec | ctronic devices                                                                  |
|      | No Yes. Describe                              |                                                   |                                                                      |                                                |                                                                                  |
|      |                                               |                                                   |                                                                      |                                                |                                                                                  |

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| Deb         | tor 1 Loinda                         | Jones                                                                 | Case number (if known)     |                                            |
|-------------|--------------------------------------|-----------------------------------------------------------------------|----------------------------|--------------------------------------------|
|             | First Name                           | Middle Name Last Name                                                 |                            |                                            |
| 40.         | Machinery, fixtures, equipm          | nent, supplies you use in business, and tools of your trade           |                            |                                            |
|             | <b>✓</b> No                          |                                                                       |                            |                                            |
|             | Yes. Describe                        |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
|             | -                                    | <del></del>                                                           |                            |                                            |
| 41.         | Inventory                            |                                                                       |                            |                                            |
|             | ✓ No                                 |                                                                       |                            |                                            |
|             | Yes. Describe                        |                                                                       |                            |                                            |
|             | 1001 20001120111                     |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
| 42.         | Interests in partnerships or         | r joint ventures                                                      |                            |                                            |
|             | ✓ No                                 |                                                                       |                            |                                            |
|             |                                      | Name of entity:                                                       | % of ownership:            |                                            |
|             | Yes. Give specific information about |                                                                       |                            |                                            |
|             | them                                 | <del></del>                                                           |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
| 12          | Customer lists, mailing lists,       | or other compilations                                                 | <del></del>                |                                            |
| 43.         | Customer lists, maining lists,       | of other compliations                                                 |                            |                                            |
|             | <b>✓</b> No                          |                                                                       |                            |                                            |
|             | Yes. Do your lists include           | e personally identifiable information (as defined in 11 U.S.C. $\S$ 1 | l01(41A))?                 |                                            |
|             | — No                                 |                                                                       |                            |                                            |
|             | □ No                                 |                                                                       |                            |                                            |
|             | Yes. Describe                        |                                                                       |                            |                                            |
| 11          | Any business-related prope           | erty you did not already list                                         |                            |                                            |
| 77.         |                                      | nty you are not arroady not                                           |                            |                                            |
|             | ✓ No                                 |                                                                       |                            |                                            |
|             | Yes. Give specific                   |                                                                       |                            |                                            |
|             | information                          |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
|             |                                      | -                                                                     |                            | <del>-</del>                               |
|             |                                      | ·                                                                     |                            | <u> </u>                                   |
|             |                                      |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            | <del>_</del>                               |
| 1E A        | dd the deller velue of all of        | your antrice from Bort E. including any entrice for pages w           | ou hove attached           |                                            |
|             |                                      | your entries from Part 5, including any entries for pages yo          |                            | !                                          |
| <b>&gt;</b> |                                      |                                                                       |                            |                                            |
| Part        | Describe Any Farm-                   | and Commercial Fishing-Related Property You Ov                        | wn or Have an Interest In. |                                            |
|             | If you own or have an intere         | est in farmland, list it in Part 1.                                   |                            |                                            |
| 46.         | Do you own or have any leg           | gal or equitable interest in any farm- or commercial fishing          | g-related property?        |                                            |
|             | No. Go to Part 7.                    |                                                                       |                            | Current value of the                       |
|             |                                      |                                                                       |                            | portion you own?                           |
|             | Yes. Go to line 47.                  |                                                                       |                            | Do not deduct secured claims or exemptions |
| 47          | Farm animals                         |                                                                       |                            | or oxomptions                              |
| 77.         | Examples: Livestock, poultry,        | , farm-raised fish                                                    |                            |                                            |
|             |                                      |                                                                       |                            |                                            |
|             | ✓ No                                 |                                                                       |                            |                                            |
|             | Yes. Describe                        |                                                                       |                            |                                            |
|             |                                      |                                                                       |                            |                                            |

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| Deb   | tor 1 Loinda<br>First Name  | Middle Name                         | Jones<br>Last Name        | Case number (if known)       |             |
|-------|-----------------------------|-------------------------------------|---------------------------|------------------------------|-------------|
| 40    |                             |                                     | Last Name                 |                              |             |
| 48.   | Crops-either growing of     | or narvested                        |                           |                              |             |
|       | <b>✓</b> No                 |                                     |                           |                              |             |
|       | Yes. Describe               |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
| 49    | Farm and fishing equin      | ment, implements, machinery, fix    | tures and tools of trade  |                              |             |
| 10.   |                             | mont, impromente, maeillery, nx     | turos, una toolo or trado |                              |             |
|       | No                          |                                     |                           |                              |             |
|       | Yes. Describe               |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
| 50.   | Farm and fishing suppl      | ies, chemicals, and feed            |                           |                              |             |
|       | <b>.</b> ✓ No               |                                     |                           |                              |             |
|       | Yes. Describe               |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
| 51.   | Any farm- and commer        | cial fishing-related property you o | lid not already list      |                              |             |
|       | <b>✓</b> No                 |                                     |                           |                              |             |
|       | Yes. Describe               |                                     |                           |                              |             |
|       | _                           |                                     |                           |                              |             |
|       |                             |                                     |                           | Г                            |             |
|       |                             | of your entries from Part 6, inclu  |                           | •                            |             |
| lor P | art 6. Write that number    | nere                                |                           |                              |             |
|       |                             |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
| Part  | 7 Describe All Pro          | oerty You Own or Have an Int        | erest in That You Did     | Not List Above               |             |
|       |                             | erty of any kind you did not alread |                           |                              |             |
|       |                             | , country club membership           | •                         |                              |             |
|       | ✓ No                        |                                     |                           |                              | 1           |
|       | Yes. Give specific          |                                     |                           |                              |             |
|       | information                 |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
| 54. A | add the dollar value of all | of your entries from Part 7. Write  | that number here          |                              | <b>&gt;</b> |
|       |                             |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
|       |                             |                                     |                           |                              |             |
| David | o List the Totals of        | Each Part of this Form              |                           |                              |             |
| Part  | LIST THE TOTALS OF          | Each Part of this Form              |                           |                              |             |
| 55.   | Part 1: Total real estate   | line 2                              |                           | <b>&gt;</b>                  |             |
|       |                             |                                     |                           |                              |             |
| 56.   | part 2 total vehicles, line | e 5                                 |                           | <u> </u>                     |             |
| 57.I  | Part 3: Total personal an   | d household items, line 15          | \$1300.00                 | _                            |             |
| 58.   | Part 4: Total financial as  | sets, line 36                       | \$3170.00                 | _                            |             |
| 59.   | Part 5: Total business-re   | lated property, line 45             | 40170.00                  | <del>_</del>                 |             |
|       |                             |                                     |                           | <del>_</del>                 |             |
|       |                             | shing-related property, line 52     |                           | _                            |             |
| 61.   | Part 7: Total other prope   | erty not listed, line 54            |                           | <u>_</u>                     |             |
| 62.   | Total personal property.    | Add lines 56 through 61             | \$4470.00                 |                              | + \$4470.00 |
|       |                             |                                     | +                         | Copy personal property total |             |
|       |                             |                                     |                           |                              | \$4470.00   |
| 63.   | Fotal of all property on S  | chedule A/B. Add line 55 + line 62  |                           |                              | <u> </u>    |
| 1     | -                           |                                     |                           |                              | 1           |

|                                                                                                                                                |                                                                              | Case 18-04550                                                                                                                                              | Doc 1 Filed 0<br>Docu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | ed 02/20/18 15:33:05<br>0 of 73                                                                                           | Desc Main                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Fill                                                                                                                                           | in this inforn                                                               | nation to identify your case:                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                           |                                                                                                                                           |
| Deb                                                                                                                                            | otor 1                                                                       | Loinda                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jones                                                                                                                               |                                                                                                                           |                                                                                                                                           |
| Det                                                                                                                                            | otor 2                                                                       | First Name                                                                                                                                                 | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                           |                                                                                                                           |                                                                                                                                           |
|                                                                                                                                                | ouse, if filing)                                                             | First Name                                                                                                                                                 | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                           |                                                                                                                           |                                                                                                                                           |
| Uni                                                                                                                                            | ted States Ba                                                                | ankruptcy Court for the: Nort                                                                                                                              | hern D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | District of Illinois                                                                                                                |                                                                                                                           |                                                                                                                                           |
| Cas                                                                                                                                            | se number                                                                    |                                                                                                                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (State)                                                                                                                             |                                                                                                                           |                                                                                                                                           |
|                                                                                                                                                | nown)                                                                        |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                           | _                                                                                                                                         |
| Of                                                                                                                                             | ficial F                                                                     | Form 106C                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                           | Check if this is an amended filing                                                                                                        |
|                                                                                                                                                |                                                                              | C: The Property                                                                                                                                            | y You Claim a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s Exempt                                                                                                                            |                                                                                                                           | 04/16                                                                                                                                     |
| For<br>stat<br>the<br>tax-<br>und<br>you                                                                                                       | each item e a specif amount of exempt re er a law the r exemption t 1: Ident | ic dollar amount as exent any applicable statutory etirement funds—may be nat limits the exemption on would be limited to the lifty the Property You Claim | s exempt, you must so the state of the state | specify the amount ou<br>u may claim the full f<br>tions—such as those<br>amount. However, if y<br>amount and the valu<br>y amount. | air market value of the pro<br>for health aids, rights to re<br>you claim an exemption of<br>ue of the property is detern | One way of doing so is to operty being exempted up to eceive certain benefits, and 100% of fair market value mined to exceed that amount, |
| 1.                                                                                                                                             |                                                                              | of exemptions are you claim                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                           |                                                                                                                                           |
| You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |                                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                           |                                                                                                                                           |
| 2.                                                                                                                                             |                                                                              | operty you list on Schedule                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     | ation below.                                                                                                              |                                                                                                                                           |
|                                                                                                                                                |                                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                           |                                                                                                                                           |
|                                                                                                                                                |                                                                              | ription of the property and hedule A/B that lists this                                                                                                     | Current value of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of the exemp                                                                                                                 | tion you claim Spec                                                                                                       | cific laws that allow exemption                                                                                                           |
|                                                                                                                                                | property                                                                     | neutre A/D that hats this                                                                                                                                  | the portion you<br>own                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Check only one box for                                                                                                              | r each exemption.                                                                                                         |                                                                                                                                           |
|                                                                                                                                                |                                                                              |                                                                                                                                                            | Copy the value from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                                                           |                                                                                                                                           |

Schedule A/B

\$150.00

\$20.00

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

 $\overline{\mathbf{V}}$ 

**✓** 

\$150.00

\$20.00

100% of fair market value, up to any

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

No

Yes

**✓** No

Brief

Brief

description:

Line from Schedule A/B:

description:

Line from

Schedule A/B:

of America

Cash on Hand

Checking account, Bank

16

3. Are you claiming a homestead exemption of more than \$160,375?

735 ILCS 5/12-1001(b)

735 ILCS 5/12-1001(b)

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B 735 ILCS 5/12-1001(a) Brief \$500.00 description: **✓** \$500.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$400.00 description: \$400.00 Used bedroom furniture, 100% of fair market value, up to any used living room applicable statutory limit furniture, used dining room furniture Line from Schedule A/B: 06 735 ILCS 5/12-1001(b) \$400.00 description: **✓** \$400.00 Used cell phone. 4 used 100% of fair market value, up to any tvs, 2 used tablets applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$0.00 description: **✓** \$0 Other financial account, 100% of fair market value, up to any **Netspend Prepaid Card** applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(b) Brief \$3,000.00 description: **✓** \$3,000.00 Checking account, 2017 100% of fair market value, up to any **Federal Income Tax** 

applicable statutory limit

**Refund Jackson Hewitt** 

17

Line from Schedule A/B:

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|                        |                                     | _ `                          |                                                                                                           | . •                                                               |                                                       |                                    |
|------------------------|-------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| Fill in this           | information to identify your c      | ase:                         |                                                                                                           |                                                                   |                                                       |                                    |
| Debtor 1               | Loinda                              |                              | Jones                                                                                                     |                                                                   |                                                       |                                    |
|                        | First Name                          | Middle Name                  | Last Name                                                                                                 |                                                                   |                                                       |                                    |
| Debtor 2               |                                     |                              |                                                                                                           |                                                                   |                                                       |                                    |
| (Spouse, if fi         | <sup>ling)</sup> First Name         | Middle Name                  | Last Name                                                                                                 |                                                                   |                                                       |                                    |
| United Sta             | ates Bankruptcy Court for the:      | Northern                     | District of Illinois                                                                                      |                                                                   |                                                       |                                    |
|                        |                                     |                              | (State)                                                                                                   |                                                                   |                                                       |                                    |
| Case num<br>(If known) | nber                                |                              |                                                                                                           |                                                                   |                                                       |                                    |
| Offici                 | al Form 106D                        |                              |                                                                                                           |                                                                   |                                                       | Check if this is an amended filing |
| Sche                   | dule D: Credit                      | ors Who Ha                   | ve Claims Secur                                                                                           | ed by Prop                                                        | erty                                                  | 12/15                              |
| more space             |                                     |                              | le are filing together, both are eq<br>nber the entries, and attach it to                                 | •                                                                 |                                                       |                                    |
| 1. <b>D</b> o a        | any creditors have claims s         | secured by your proper       | rty?                                                                                                      |                                                                   |                                                       |                                    |
| <b>✓</b>               | No. Check this box and sub-         | mit this form to the court   | with your other schedules. You ha                                                                         | ve nothing else to repo                                           | ort on this form.                                     |                                    |
|                        | Yes. Fill in all of the information | on below.                    |                                                                                                           |                                                                   |                                                       |                                    |
| Part 1:                | List All Secured Claims             |                              |                                                                                                           |                                                                   |                                                       |                                    |
| for e                  |                                     | ditor has a particular claim | red claim, list the creditor separately, list the other creditors in Part 2. As g to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |

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| Fill in this                           |                                                                                                            |                                                                                                                    |                                                                                            |                                                                                          |                                                                                                                                                                                |
|----------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I III II | information to identify your o                                                                             | ase:                                                                                                               |                                                                                            |                                                                                          |                                                                                                                                                                                |
| Debtor 1                               | Loinda                                                                                                     |                                                                                                                    | Jones                                                                                      |                                                                                          |                                                                                                                                                                                |
|                                        | First Name                                                                                                 | Middle Name                                                                                                        | Last Name                                                                                  |                                                                                          |                                                                                                                                                                                |
| Debtor 2                               | line) = -                                                                                                  |                                                                                                                    |                                                                                            |                                                                                          |                                                                                                                                                                                |
| (Spouse, if fi                         | ling) First Name                                                                                           | Middle Name                                                                                                        | Last Name                                                                                  |                                                                                          |                                                                                                                                                                                |
| United Sta                             | ates Bankruptcy Court for the:                                                                             | Northern                                                                                                           | District of Illinois                                                                       |                                                                                          |                                                                                                                                                                                |
| 0                                      | . In                                                                                                       |                                                                                                                    | (State)                                                                                    |                                                                                          |                                                                                                                                                                                |
| Case nun                               | iber                                                                                                       |                                                                                                                    |                                                                                            | <del>-</del>                                                                             |                                                                                                                                                                                |
| Officia                                | al Form 106E/F                                                                                             |                                                                                                                    |                                                                                            |                                                                                          | Check if this is an amended filing                                                                                                                                             |
| Officia                                | arrotti 100L/1                                                                                             |                                                                                                                    |                                                                                            |                                                                                          |                                                                                                                                                                                |
| Sche                                   | edule E/F: Cre                                                                                             | ditors Who                                                                                                         | Have Unsecı                                                                                | red Claims                                                                               | 12/15                                                                                                                                                                          |
| other part<br>Form 106<br>claims tha   | y to any executory contract<br>A/B) and on <i>Schedule G: Exc</i><br>at are listed in <i>Schedule D:</i> ( | s or unexpired leases that<br>ecutory Contracts and Une<br>Creditors Who Hold Claims<br>ttach the Continuation Pag | could result in a claim. Als<br>xpired Leases (Official Forn<br>Secured by Property. If mo | so list executory contracts<br>m 106G). Do not include an<br>are space is needed, copy t | n NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if |
| Part 1:                                | List All of Your PRIORIT                                                                                   | Y Unsecured Claims                                                                                                 |                                                                                            |                                                                                          |                                                                                                                                                                                |
|                                        | List All of Your PRIORIT                                                                                   |                                                                                                                    | ou?                                                                                        |                                                                                          |                                                                                                                                                                                |
|                                        |                                                                                                            |                                                                                                                    | ou?                                                                                        |                                                                                          |                                                                                                                                                                                |
|                                        | ny creditors have priority u                                                                               |                                                                                                                    | ou?                                                                                        |                                                                                          |                                                                                                                                                                                |

Total

claim

Priority

amount

Nonpriority

amount

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 American Family Insurance \$2,700.00 Last 4 digits of account number Nonpriority Creditor's Name 6000 American Parkway When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 53783 Madison Wisconsin City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_\_ Personal Injury Lawsuit Is the claim subject to offset? Yes 4.2 Americash \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 555 Torrence Avenue Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Calumet City Illinois 60409 City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Payday Loan Is the claim subject to offset? **✓** No Yes 4.3 Christ Hospital \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2139 Auburn Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 45219 Cincinnati Ohio City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Notice Only Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Loinda Jones Case number (if known)
First Name Middle Name Last Name

Vour NONDRIGHTY Uncoursed Claims Continuention Rose

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                    | Page                                                                                                            |             |
|--------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
|        | After listing any entries on this page, number them beginning wit   | h 4.5, followed by 4.6, and so forth.                                                                           | Total claim |
| 4.4    | City of Chicago - Parking and red Light Tickets                     | Last 4 digits of account number                                                                                 | \$3,200.00  |
|        | Nonpriority Creditor's Name<br>Department of Revenue - PO Box 88292 | When was the debt incurred? n/a                                                                                 |             |
|        | Number Street                                                       | As of the date you file, the claim is: Check all that apply.                                                    |             |
|        |                                                                     | Contingent                                                                                                      |             |
|        | Chicago Illinois 60680                                              | Unliquidated                                                                                                    |             |
|        | ChicagoIllinois60680CityStateZip Code                               | Disputed                                                                                                        |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                    | Type of NONPRIORITY unsecured claim:                                                                            |             |
|        | Debtor 2 only                                                       | Student loans                                                                                                   |             |
|        | Debtor 1 and Debtor 2 only                                          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |
|        | At least one of the debtors and another                             | Debts to pension or profit-sharing plans, and other similar debts                                               |             |
|        | Check if this claim relates to a community debt                     | Other. Specify Unpaid Tickets                                                                                   |             |
|        | Is the claim subject to offset?                                     |                                                                                                                 |             |
|        | ✓ No                                                                |                                                                                                                 |             |
|        | Yes                                                                 |                                                                                                                 |             |
| 4.5    | CONTRACT CALLERS INC                                                | Last 4 digits of account number 7016                                                                            | \$1,461.00  |
|        | Nonpriority Creditor's Name<br>501 GREENE ST FL 3                   | When was the debt incurred? 5/2015                                                                              |             |
|        | Number Street                                                       | As of the date you file, the claim is: Check all that apply.                                                    |             |
|        | AUGUSTA                                                             | Contingent                                                                                                      |             |
|        | AUGUSTA Georgia 30901 City State Zip Code                           | Unliquidated                                                                                                    |             |
|        | Who incurred the debt? Check one.                                   | Disputed                                                                                                        |             |
|        | Debtor 1 only                                                       | Type of NONPRIORITY unsecured claim:                                                                            |             |
|        | Debtor 2 only                                                       | Student loans                                                                                                   |             |
|        | Debtor 1 and Debtor 2 only                                          | Obligations arising out of a separation agreement or                                                            |             |
|        | At least one of the debtors and another                             | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |
|        | Check if this claim relates to a community debt                     | debts                                                                                                           |             |
|        | Is the claim subject to offset?                                     | 001 Collection; Collecting for ORIGINAL CREDITOR: PEOPLES                                                       |             |
|        | <u>✓</u> No                                                         | Other. Specify GAS LIGHT AND COKE                                                                               |             |
|        | Yes                                                                 |                                                                                                                 |             |
| 4.6    | CREDIT MANAGEMENT LP                                                | Last 4 digits of account number 8776                                                                            | \$418.00    |
|        | Nonpriority Creditor's Name<br>4200 INTERNATIONAL PKWY              | When was the debt incurred? 6/2017                                                                              |             |
|        | Number Street                                                       | As of the date you file, the claim is: Check all that apply.                                                    |             |
|        |                                                                     | Contingent                                                                                                      |             |
|        | CARROLLTON Texas 75007 City State Zip Code                          | Unliquidated                                                                                                    |             |
|        | Who incurred the debt? Check one.                                   | Disputed                                                                                                        |             |
|        | Debtor 1 only                                                       | Type of NONPRIORITY unsecured claim:                                                                            |             |
|        | Debtor 2 only                                                       | Student loans                                                                                                   |             |
|        | Debtor 1 and Debtor 2 only                                          | Obligations arising out of a separation agreement or                                                            |             |
|        | At least one of the debtors and another                             | divorce that you did not report as priority claims                                                              |             |
|        | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                               |             |
|        | Is the claim subject to offset?                                     | 001 Collection; Collecting for                                                                                  |             |
|        | <b>✓</b> No                                                         | ORIGINAL CREDITOR: COMCAST Other. Specify CABLE                                                                 |             |
|        | Yes                                                                 |                                                                                                                 |             |

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Debtor 1 Loinda Jones Case number (if known)
First Name Middle Name Last Name

| Part : | Your NONPRIORITY Unsecured Claims - Continuation                                                                                                                                                                                                                                                                                                 | on Page                                                                                                                                                                                                                                                                                                                                               |             |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|        | After listing any entries on this page, number them beginning w                                                                                                                                                                                                                                                                                  | vith 4.5, followed by 4.6, and so forth.                                                                                                                                                                                                                                                                                                              | Total claim |
| 4.7    | CREDITORS DISCOUNT & A Nonpriority Creditor's Name 415 E MAIN ST Number Street                                                                                                                                                                                                                                                                   | Last 4 digits of account number 0400 When was the debt incurred? 1/2013  As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                 | \$458.00    |
|        | STREATOR Illinois 61364 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes                                                                   | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA |             |
| 4.8    | ENHANCED RECOVERY CO L Nonpriority Creditor's Name 8014 BAYBERRY RD Number Street  JACKSONVILLE Florida 32256 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Yes      | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                       | \$1,645.00  |
| 4.9    | GLA COLLECTION CO INC  Nonpriority Creditor's Name 2630 GLEESON LN  Number Street  LOUISVILLE Kentucky 40299 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Yes | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                       | \$288.00    |

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Illinois Title Loan \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5201 W North Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60639 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_\_ Vehicle Title Loan Is the claim subject to offset? **✓** No Yes Jackson Park Hospital \$0.00 4.11 Last 4 digits of account number \_ Nonpriority Creditor's Name 7531 S. Stony Island Ave When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60649 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Notice Only Other. Specify \_\_ Is the claim subject to offset? **✓** No Yes LVNV FUNDING LLC 4.12 \$179.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7/2015 P.O. Box 52815 Number Street As of the date you file, the claim is: Check all that apply. c/o Jeremy T. McCullough Aldridge Pite Haan, LLP Contingent Atlanta Georgia 30355 Unliquidated Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify 001 UnknownLoanType

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Debtor 1 Loinda Jones \_\_ Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 \$300.00 Last 4 digits of account number Nonpriority Creditor's Name 215 South State Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Suite 1000 Contingent Unliquidated Salt Lake City Utah 84111 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify \_\_\_\_ Credit Card Is the claim subject to offset? **✓** No Yes

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Harris and Harris LTD On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check 111 W Jackson Blvd Line 4.4 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Chicago Illinois 60604 Last 4 digits of account number City State Zip Code Secretary of State of Illinois On which entry in Part 1 or Part 2 did you list the original creditor? 9901 S. King Dr. Line 4.4 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Illinois 60628 Chicago Last 4 digits of account number City State Zip Code Newman, Leonard On which entry in Part 1 or Part 2 did you list the original creditor? of (Check 77 W Washington St Ste 1717 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number

Chicago

City

Illinois

State

60602

Zip Code

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Debtor 1 Loinda Jones Case number (if known)
First Name Middle Name Last Name

| FIISLINA                    | me who we have Last warre                                                                                    |         |                      |       |
|-----------------------------|--------------------------------------------------------------------------------------------------------------|---------|----------------------|-------|
| Part 4: Add t               | he Amounts for Each Type of Unsecured Claim                                                                  |         |                      |       |
|                             | amounts of certain types of unsecured claims. This information i<br>nounts for each type of unsecured claim. | s for s | tatistical reporting | purpo |
|                             |                                                                                                              |         | Total claims         |       |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.                                                                            | 6a.     | \$0.00               |       |
|                             | 6b. Taxes and certain other debts you owe the government                                                     | 6b.     | \$0.00               |       |
|                             | 6c. Claims for death or personal injury while you were intoxicated                                           | 6c.     | \$0.00               |       |
|                             | 6d. Other. Add all other priority unsecured claims. Write that                                               | 6d.     | \$0.00               |       |
|                             | amount here.  6e. Total. Add lines 6a through 6d.                                                            | 6e.     | \$0.00               |       |
|                             | oc. Total. Add illies od tillough od.                                                                        |         |                      |       |
|                             |                                                                                                              |         | Total claims         |       |
| Total claims from Part 2    | 6f. Student loans                                                                                            | 6f.     | \$0.00               |       |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g.     | \$0.00               |       |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                        | 6h.     | \$0.00               |       |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i.     | \$12,149.00          |       |
|                             | Si Total Add lines of through Si                                                                             | 6i      | \$12,149.00          |       |

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| Debtor 1            | Loinda                    | Jones       |                      |  |
|---------------------|---------------------------|-------------|----------------------|--|
|                     | First Name                | Middle Name | Last Name            |  |
| Debtor 2            |                           |             |                      |  |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |  |
| United States E     | Bankruptcy Court for the: | Northern    | District of Illinois |  |
|                     |                           |             | (State)              |  |
| Case number         |                           |             | ,                    |  |
| (If known)          |                           |             |                      |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company          | y with whom you have | the contract or lease | State what the contract or lease is for           |
|----------------------------|----------------------|-----------------------|---------------------------------------------------|
| 2.1 South Shore Homes Name | LLC                  | -                     | Residential Lease,<br>Other,<br>Residential Lease |
| 5701 South Cass Av         | •                    |                       | .100100711111 20000                               |
| Number                     | Street               |                       |                                                   |
| Westmont                   | Illinois             | 60559                 |                                                   |
| City                       | State                | Zip Code              |                                                   |

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|                                 |                                                                                                   | Doc                                                             | ament rage                                        | 32 01 73                                                                                                                                                                                |
|---------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in this info               | ormation to identify your                                                                         | case:                                                           |                                                   |                                                                                                                                                                                         |
| Debtor 1                        | Loinda                                                                                            |                                                                 | Jones                                             |                                                                                                                                                                                         |
| 5                               | First Name                                                                                        | Middle Name                                                     | Last Name                                         |                                                                                                                                                                                         |
| Debtor 2<br>(Spouse, if filing) | First Name                                                                                        | Middle Name                                                     | Last Name                                         | <del></del>                                                                                                                                                                             |
| United States                   | Bankruptcy Court for the:                                                                         | Northern                                                        | District of Illinois                              |                                                                                                                                                                                         |
| Case number                     | r                                                                                                 |                                                                 | (State)                                           |                                                                                                                                                                                         |
| (If known)                      |                                                                                                   |                                                                 |                                                   |                                                                                                                                                                                         |
|                                 |                                                                                                   |                                                                 |                                                   | Check if this is an amended filing                                                                                                                                                      |
| Official                        | Form 106H                                                                                         |                                                                 |                                                   | Ç                                                                                                                                                                                       |
|                                 |                                                                                                   | .1 - 1 - 1                                                      |                                                   |                                                                                                                                                                                         |
| Schedu                          | le H: Your Co                                                                                     | debtors                                                         |                                                   | 12/15                                                                                                                                                                                   |
| Ye  2. Within t Idaho, L        | s he last 8 years, have you ouisiana, Nevada, New Me o. Go to line 3. s. Did your spouse, form No | xico, Puerto Rico, Texas, Wash<br>er spouse, or legal equivaler | rty state or territory?<br>nington, and Wisconsin | (Community property states and territories include Arizona, California,                                                                                                                 |
|                                 | Name of your spouse                                                                               | former spouse, or legal equiva                                  | ent                                               |                                                                                                                                                                                         |
|                                 |                                                                                                   | ionnei spouse, or legal equiva                                  | GIIL                                              |                                                                                                                                                                                         |
|                                 | Number Street                                                                                     |                                                                 |                                                   |                                                                                                                                                                                         |
|                                 | City                                                                                              | State                                                           | Zip Cod                                           | le                                                                                                                                                                                      |
| again as                        | a codebtor only if that                                                                           | person is a guarantor or cos                                    | gner. Make sure you                               | your spouse is filing with you. List the person shown in line 2 have listed the creditor on Schedule D (Official Form 106D), edule D, Schedule E/F, or Schedule G to fill out Column 2. |
| Column                          | 1: Your codebtor                                                                                  |                                                                 |                                                   | Column 2: The creditor to whom you owe the debt                                                                                                                                         |

Check all schedules that apply:

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| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cas number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation Guest Services  Employer's name Employer's name Employer's name Employer's address  Employer's address  Autopark LLC  219 W 55th St, Suite 203  Number Street  Clarendon Illinois 60514  Hills  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                     |                                                                    |              |       |            |              |                         |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|--------------|-------|------------|--------------|-------------------------|-----------------------|
| Debtor 2 (Spouse, if filling) First Name  Middle Name  Last Name  Middle Name  Last Name  United States Bankruptcy Court for Northern  District of Illinois (State)  Case number (If Known)  Official Form 106I  Schedule I: Your Income  3e as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated sheet to this form. On the top of any additional pages, write your name and cast namber (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, statch a separate page with information.  If you have more than one job, statch a separate page with information.  If you have more than one job, statch a separate page with information.  Cocupation  Debtor 1  Debtor 2  Employed  Not Employed  Not Employed  Not Employed  Not Employed  Not Employed  Not Employed  Number Street  Number Street  District of Illinois  Clarendon  Illinois  Clarendon  Illinois  Clarendon  Illinois  Clarendon  Illinois  Clarendon  Illinois  Clarendon  Illinois  Clare State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fill in this in                             | nformation to identify                                              | your case:                                                         |              |       |            |              |                         |                       |
| Debtor 2   Spouse, if filling  First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Debtor 1                                    | Loinda                                                              |                                                                    | Jones        |       |            |              |                         |                       |
| Spouse, if filing   First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | First Name                                                          | Middle Name                                                        | Last N       | ame   |            | — Che        | eck if this is:         |                       |
| United States Bankruptcy Court for the:  Case number (f known)  Official Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cast number (if known). Answer every question.  Part 1: Describe Employment  I. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation Guest Services  Employer's name Employed work.  Occupation Guest Services  Employer's name Employer's saddress  Ciarendon Illinois 60514   Hillis City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             | a) First Name                                                       | Middle Name                                                        | Loot M       | ama   |            | -   -        | An amended filing       |                       |
| Official Form 106  Schedule I: Your Income  10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                                     |                                                                    |              |       |            |              | A supplement showing po | st-petition chapter 1 |
| Case number (if known)  Schedule I: Your Income  10 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cast number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation Guest Services  Employer's name Employer's saddress  Clarendon Illinois 60514   Number Street   Number Stree |                                             | s Bankruptcy Court for                                              | Northern                                                           |              |       |            |              |                         |                       |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cast attach as esparate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation Guest Services  Employer's name Employ | Case numbe                                  | er                                                                  |                                                                    | (0           | naic  |            | <u>_</u>     |                         |                       |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally esponsible for supplying correct information. If you are married and not filing you have your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cast number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Debtor 1  Debtor 1  Debtor 2  Employed  Not Employ | (If known)                                  |                                                                     |                                                                    |              |       |            |              | MM / DD / YYYY          |                       |
| Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cash number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation Guest Services  Employer's name Employer's name Employer's address  Employer's address  Clarendon Illinois 60514  Hills  City State Zip Code  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Official                                    | Form 106I                                                           |                                                                    |              |       |            |              |                         |                       |
| responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and cash number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation May include student or homemaker, if it applies.  Employer's name Employer's name Employer's name Employer's response Autopark LLC  Clarendon Illinois 60514  Hills  City State Zip Code  Clarendon Illinois 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Schedu                                      | ıle I: Your In                                                      | come                                                               |              |       |            |              |                         | 12/1                  |
| If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employment status    Employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | information<br>spouse. If m<br>number (if k | about your spouse. I<br>nore space is needed<br>(nown). Answer ever | f you are separated and<br>I, attach a separate she<br>y question. | d your spous | se is | not filing | with you, do | not include informatio  | n about your          |
| If you have more than one job, attach a separate page with information about additional employers.  Occupation  Employed  Not Em | -                                           |                                                                     |                                                                    | Debtor 1     |       |            |              | Debtor 2                |                       |
| If you have more than one job, attach a separate page with information about additional employers.  Occupation  Employer's name Employer's address  Occupation may include student or homemaker, if it applies.  Clarendon Illinois 60514  Hills  City State Zip Code  Not Employed  Clarendon Illinois 60514  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | informat                                    | ion.                                                                | Employment status                                                  | - Emplo      | ad    |            |              |                         |                       |
| information about additional employers.  Occupation  Guest Services  Autopark LLC  Employer's name Employer's address  Occupation may include student or homemaker, if it applies.  Clarendon Illinois 60514  Hills  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                           |                                                                     | p.o,o o                                                            |              | -     | ved        |              |                         |                       |
| Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  219 W 55th St, Suite 203  Number Street  Clarendon Illinois 60514  Hills  City State Zip Code  Autopark LLC  219 W 55th St, Suite 203  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | informati                                   | on about additional                                                 |                                                                    | L NOT EI     | прю   | reu        |              | Mot Employed            |                       |
| Self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Number Street  Clarendon Illinois 60514 Hills City State Zip Code  Number Street  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | employer                                    | S.                                                                  | Occupation                                                         | Guest Sen    | vices |            |              | _                       |                       |
| Occupation may include student or homemaker, if it applies.  Employer's address  Number Street  Clarendon Illinois 60514  Hills  City State Zip Code  Number Street  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                     | Employer's name                                                    | Autopark l   | LC    |            |              | _                       |                       |
| Hills City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Occupati                                    | on may include student                                              | Employer's address                                                 |              |       | Suite 203  |              | Number Street           |                       |
| Hills City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                     |                                                                    |              |       |            |              | _                       |                       |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                     |                                                                    |              |       | Illinois   | 60514        | City                    | oto Zin Codo          |
| How long employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                     |                                                                    |              |       | State      | Zip Code     |                         | ate Zip Code          |
| there? 11 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                     | How long employed there?                                           | 11 month     | s     |            |              |                         |                       |
| Part 2: Give Details About Monthly Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Part 2: G                                   | ive Details About N                                                 |                                                                    |              |       |            |              |                         |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , ,                                         | 0 .                                                                 |                                                                    |              |       |            | , ,          | For Debtor 2 or         |                       |
| For Deptor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                                     |                                                                    |              | 2.    |            | \$1,826.93   | non-ming spouse         |                       |
| more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll 2. \$1,826.93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | be.                                         |                                                                     | ,,                                                                 |              |       |            |              |                         |                       |
| more space, attach a separate sheet to this form.  For Debtor 1  2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would  For Debtor 1  2. \$1,826.93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3. Estima                                   | te and list monthly ove                                             | rtime pay.                                                         |              | 3.    | <u></u> _  | + \$0.00     |                         | _                     |
| more space, attach a separate sheet to this form.  For Debtor 1  Evaluate the payroll deductions.) If not paid monthly, calculate what the monthly wage would be.  For Debtor 1  State of the payroll payroll and payroll wage would be.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. Calcul                                   | ate gross income. Add I                                             | ine 2 + line 3.                                                    |              | 4.    |            | \$1 826 93   |                         |                       |

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| Debtor 1Loinda First Name Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jones<br>Last Name     | Case number (<br>known) | if                                |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|-----------------------------------|-------------------------|
| THOCK MAINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Hamo              | For Debtor 1            | For Debtor 2 or non-filing spouse |                         |
| Copy line 4 here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>→</b> 4             | \$1,826.93              |                                   |                         |
| 5. List all payroll deductions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                         |                                   |                         |
| 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a.                    | \$377.76                |                                   |                         |
| 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5b.                    | \$0.00                  |                                   |                         |
| 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5c.                    | \$0.00                  |                                   |                         |
| 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5d.                    | \$0.00                  |                                   |                         |
| 5e. Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5e.                    | \$0.00                  |                                   |                         |
| 5f. Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5f.                    | \$0.00                  |                                   |                         |
| 5g. <b>Union dues</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5g.                    | \$54.17                 |                                   |                         |
| 5h. Other deductions. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5h. +                  | \$0.00 +                |                                   |                         |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + +5h$ .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -5f + 5g 6.            | \$431.93                |                                   |                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from lin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ne 4. 7.               | \$1,395.01              |                                   |                         |
| 8. List all other income regularly received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                         |                                   |                         |
| 8a. Net income from rental property and from operating a<br>business, profession, or farm Attach a statement for each property and business showing<br>gross receipts, ordinary and necessary business expenses, an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                      | <b>#0.00</b>            |                                   |                         |
| the total monthly net income.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8a.                    | \$0.00                  |                                   |                         |
| 8b. Interest and dividends                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8b.                    | \$0.00                  |                                   |                         |
| 8c. Family support payments that you, a non-filing spouse, o dependent regularly receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                         |                                   |                         |
| Include alimony, spousal support, child support, maintenance divorce settlement, and property settlement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e,<br>8c. <sub>-</sub> | \$190.00                |                                   |                         |
| 8d. Unemployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8d.                    | \$0.00                  |                                   |                         |
| 8e. Social Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8e.                    | \$0.00                  |                                   |                         |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefiunder the Supplemental Nutrition Assistance Program) or housing subsidies Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | 0.405.00                |                                   |                         |
| Food Assistance Programs Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8f.                    | \$435.00                |                                   |                         |
| 8g. Pension or retirement income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8g.                    | \$0.00                  |                                   |                         |
| 8h. Other monthly income. Specify:  Est Pro Rated Federal Tax Refund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8h. + <sub>-</sub>     | \$426.00 +              |                                   |                         |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | g + 8h. 9.             | \$1,051.00              |                                   |                         |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | spouse 10.             | \$2,446.01 +            | =                                 | \$2,446.01              |
| 11. State all other regular contributions to the expenses that yellocude contributions from an unmarried partner, members of you friends or relatives. Do not include any amounts already included in lines 2-10 or am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ur household, your d   | ependents, your roomma  |                                   |                         |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | James mar are not av   | ando to pay expenses is | 11.                               | + \$0.00                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                         |                                   | Ψ0.00                   |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical S |                        |                         | ,                                 | \$2,446.01              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                         |                                   | Combined monthly income |
| 13. Do you expect an increase or decrease within the year afte No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r you file this form?  |                         |                                   | •                       |
| Yes. Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                         |                                   |                         |

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| Fill in this infor              | mation to identify | your case:                                                                     |                                     |                      |                                  |
|---------------------------------|--------------------|--------------------------------------------------------------------------------|-------------------------------------|----------------------|----------------------------------|
| Debtor 1                        | Loinda             |                                                                                | Jones                               |                      |                                  |
|                                 | First Name         | Middle Name                                                                    | Last Name                           | Check if this is:    |                                  |
| Debtor 2<br>(Spouse, if filing) | First Name         | Middle Name                                                                    | Last Name                           | An amended fili      | ng                               |
| United States F                 |                    |                                                                                | District of Illinois                | A supplement s       | showing post-petition chapter 13 |
| United States E                 | Sankruptcy Court   | or the: Northern                                                               | (State)                             |                      | the following date:              |
| Case number<br>(If known)       |                    |                                                                                | · ·                                 | MM / DD / YYY        | <del></del>                      |
| (11 14 15 11 1)                 |                    |                                                                                |                                     | IVIIVI / DD / TTT    | T                                |
| Official                        | Form 10            | 6J                                                                             |                                     |                      |                                  |
| Schedul                         | e J: Your          | Expenses                                                                       |                                     |                      | 12/15                            |
| -                               |                    | is possible. If two married people a<br>eeded, attach another sheet to this    |                                     |                      |                                  |
|                                 | wer every questi   |                                                                                | ,                                   | . pagee,e year :     |                                  |
| Part 1: Des                     | cribe Your Ho      | usehold                                                                        |                                     |                      |                                  |
| 1. Is this a joi                | nt case?           |                                                                                |                                     |                      |                                  |
| ✓ No. Go                        | to line 2          |                                                                                |                                     |                      |                                  |
|                                 | oes Debtor 2 live  | in a separate household?                                                       |                                     |                      |                                  |
|                                 | _                  | a coparato nonconora:                                                          |                                     |                      |                                  |
| L                               | No                 |                                                                                |                                     |                      |                                  |
|                                 | Yes. Debtor 2      | must file Official Forms 106J-2, Expe                                          | nses for Separate Household of Debt | or 2.                |                                  |
| 2. Do you have                  | e dependents?      | No                                                                             |                                     |                      |                                  |
| Do not list D                   | ebtor 1 and        | Yes. Fill out this information for                                             | Dependent's relationship to         | Dependent's          | Does dependent live              |
| Debtor 2.                       |                    | each dependent                                                                 | Debtor 1 or Debtor 2                | age                  | with you?                        |
|                                 |                    |                                                                                | Child                               | 20 years             | No.  ✓ Yes.                      |
|                                 |                    |                                                                                | Child                               | 19 years             | No.                              |
|                                 |                    |                                                                                | Office                              | 10 years             | Yes.                             |
|                                 |                    |                                                                                | Child                               | 17 years             | No.                              |
|                                 |                    |                                                                                | -                                   | <u> </u>             | Yes.                             |
|                                 |                    |                                                                                | Child                               | 9 years              | No.                              |
|                                 |                    |                                                                                |                                     |                      | ✓ Yes.                           |
| 3. Do your exp                  | enses include      |                                                                                |                                     |                      |                                  |
| expenses of than                | f people other     | ✓ No                                                                           |                                     |                      |                                  |
| yourself and                    | -                  | Yes                                                                            |                                     |                      |                                  |
| dependents                      | 6 <b>?</b>         |                                                                                |                                     |                      |                                  |
| Part 2: Estir                   | mate Your Ong      | oing Monthly Expenses                                                          |                                     |                      |                                  |
| Estimate your                   | expenses as of     | your bankruptcy filing date unless                                             | you are using this form as a supple | ement in a Chapter 1 | 3 case to report                 |
|                                 | of a date after th | e bankruptcy is filed. If this is a su                                         |                                     |                      |                                  |
|                                 |                    | n non-cash government assistance<br>uded it on <i>Schedule I: Your Incom</i> e |                                     |                      | Your expenses                    |
|                                 | or home owners     | ship expenses for your residence. Int. 4.                                      | nclude first mortgage payments and  |                      | <b>\$491.00</b>                  |
| If not incl                     | uded in line 4:    |                                                                                |                                     |                      |                                  |
| 4a. Real es                     | state taxes        |                                                                                |                                     |                      | 4a <b>\$0.00</b>                 |
| 4b. Proper                      | ty, homeowner's    | or renter's insurance                                                          |                                     |                      | 4b. <b>\$0.00</b>                |
| 4c. Home                        | maintenance, rep   | air, and upkeep expenses                                                       |                                     |                      | 4c. <b>\$0.00</b>                |

4d.

\$0.00

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Loinda Last Name
 Case number (if known)

 Last Name
 Case number (if known)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | riist Name                        | Wilder Name Last Name                                                      |     |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------|-----|---------------|
| Sea   Electricity, heat, natural gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                            |     | Your expenses |
| 6a. Electricity, heat, natural gas         6a.         \$300.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$250.00           6d. Other. Specify:         6d.         \$50.00           7. Food and housekeeping supplies         7.         \$850.00           8. Childcare and children's education costs         8.         \$0.00           9. Ciothing, laundry, and dry cleaning         9.         \$150.00           10. Personal care products and services         11.         \$50.00           11. Medical and dental expenses         11.         \$50.00           11. Medical and dental expenses         11.         \$50.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$10.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Instantance.         15.         \$0.00           15. Instantance deducted from your pay or included in lines 4 or 20.         15.         \$0.00           15. Life insurance.         15c.         \$0.00         \$0.00           15. Life insurance.         15c.         \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Additional mortgage payme      | nts for your residence, such as home equity loans                          | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$250.00           6d. Other, Specify:         7.         \$850.00           7. Food and housekceping supplies         7.         \$850.00           8. Childcare and children's education costs         8.         \$0.00           9. Citothing, laundry, and dry cleaning         9.         \$150.00           10. Personal care products and services         10.         \$50.00           11. Medical and dental expenses         11.         \$50.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$10.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15c. Vehicle insurance         15b.         \$0.00           15c. Vehicle insurance         15c.         \$0.00           15c. Vehicle insurance         15c.         \$0.00           15c. Taxes Do not include taxes deducted from your pay or included in li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. Utilities:                     |                                                                            |     |               |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. \$250.00 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 8. \$90.00 7. Food and housekeeping supplies 8. \$90.00 9. Clothing, laundry, and dry cleaning 9. \$150.00 10. Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$50.00 11. Medical and dental expenses 12. \$130.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Leath insurance 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15c. V | 6a. Electricity, heat, natural ga | s                                                                          | 6a. | \$300.00      |
| 6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$850.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$150.00           10. Personal care products and services         10.         \$50.00           11. Medical and dental expenses         11.         \$50.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$130.00           Do not include care payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           15. Insurance.         15.         \$0.00           15a. Lile insurance deducted from your pay or included in lines 4 or 20.         15a. Lile insurance         15a. \$0.00           15b. Health insurance         15b. \$0.00         15c. Vehicle insurance.         \$0.00           15c. Vehicle insurance.         15c. \$0.00         \$0.00           15c. Vehicle insurance.         15c. \$0.00           15c. Vehicle insurance.         15c. \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17c. Taxe payments for Vehicle 2         17b. \$0.00 <td>6b. Water, sewer, garbage co</td> <td>lection</td> <td>6b.</td> <td>\$0.00</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6b. Water, sewer, garbage co      | lection                                                                    | 6b. | \$0.00        |
| 7. Food and housekeeping supplies         7.         \$850.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Citching, laundry, and dry cleaning         9.         \$150.00           10. Personal care products and services         10.         \$550.00           11. Medical and dental expenses         11.         \$500.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$130.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a         \$0.00           15. Insurance on include insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance. Specify:         15a         \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6c. Telephone, cell phone, In     | ernet, satellite, and cable services                                       | 6c. | \$250.00      |
| 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$150.00 10. Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Other insurance. Specify: 16 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18c. Outer of the specify of the specify of the specify on the specify of the specify on the specify on the specify of    | 6d. Other. Specify:               |                                                                            | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9, \$150.00         10. Personal care products and services       10. \$50.00         11. Medical and dental expenses       11. \$50.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$130.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15a       \$0.00         15b. Health insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Vehicle insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$0.00         15c. Vehicle insurance. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Food and housekeeping sup      | plies                                                                      | 7.  | \$850.00      |
| 10. Personal care products and services       10. \$50.00         11. Medical and dental expenses       11. \$50.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12. \$130.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15a. Life insurance       15b. \$0.00       \$0.00         15b. Health insurance       15c. \$0.00       \$0.00         15c. Vehicle insurance       15c. \$0.00         15c. Vehicle insurance. Specify:       15c. \$0.00         15c. Vehicle taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15c. \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15c. \$0.00         17c. Car payments for Vehicle 1       17a. \$0.00         17b. Car payments for Vehicle 2       17b. \$0.00         17c. Other. Specify:       17c. \$0.00         17c. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17c. \$0.00         17d. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. Childcare and children's ed    | ucation costs                                                              | 8.  | \$0.00        |
| 11. Medical and dental expenses       11.       \$50.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$13.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15a.       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9. Clothing, laundry, and dry c   | eaning                                                                     | 9.  | \$150.00      |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15a. Life insurance 15b. So.00 15b. Health insurance 15c. Vehicle insurance 15c. So.00 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17d. So.00 17b. Car payments for Vehicle 2 17b. So.00 17c. Other. Specify: 17c. So.00 17c. Other. Specify: 17c. Other. Specify: 17d. So.00 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. So.00 20b. Real estate taxes. 20b. So.00 20b. Real estate taxes. 20b. So.00 20c. Property, homeowner's, or renter's insurance 20c. So.00 20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                       | 10. Personal care products an     | d services                                                                 | 10. | \$50.00       |
| Do not include car payments   13.   13.   13.   13.   13.   13.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.           | 11. Medical and dental expens     | es                                                                         | 11. | \$50.00       |
| 14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       00 not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Life insurance       15b       \$0.00       15b       \$0.00       15c. Vehicle insurance       15c       \$0.00       15c. Vehicle insurance. Specify:       15d       \$0.00       15d. \$0.00       \$0.00       15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00       \$0.00       16.       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                            | 12. | \$130.00      |
| 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. \$0.00  15b. Health insurance  15b. \$0.00  15c. Vehicle insurance  15c. \$0.00  15d. Other insurance. Specify:  15d. \$0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061).  18. Your payments you make to support others who do not live with you.  Specify:  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. \$0.00  20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13. Entertainment, clubs, recre   | eation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$0.00 15c. Vehicle insurance   15c   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 15d. Other insurance. Specify:   16   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:   16   \$0.00 17. Installment or lease payments:   17a   \$0.00 17b. Car payments for Vehicle 1   17a   \$0.00 17c. Other. Specify:   17b   \$0.00 17c. Other. Specify:   17c   \$0.00 17d. Other. Specify:   17d   \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18. 19. Other payments you make to support others who do not live with you. Specify:   19.   \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property   20a   \$0.00 20b. Real estate taxes.   20b   \$0.00 20c. Property, homeowner's, or renter's insurance   20c   \$0.00 20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14. Charitable contributions a    | nd religious donations                                                     | 14. | \$0.00        |
| 15b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | ucted from your pay or included in lines 4 or 20.                          |     |               |
| 15c. Vehicle insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15a. Life insurance               |                                                                            | 15a | \$0.00        |
| 15d. Other insurance. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15b. Health insurance             |                                                                            | 15b | \$0.00        |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                            | 15c | \$0.00        |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15d. Other insurance. Specify     | <u>:</u>                                                                   | 15d | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. Taxes. Do not include taxes   | deducted from your pay or included in lines 4 or 20.                       |     |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Specify:                          |                                                                            | 16  | \$0.00        |
| 17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17. Installment or lease payme    | ents:                                                                      |     |               |
| 17c. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17a. Car payments for Vehicle     | 1                                                                          | 17a | \$0.00        |
| 17d. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17b. Car payments for Vehicle     | 2                                                                          | 17b | \$0.00        |
| 17d. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17c. Other. Specify:              |                                                                            | 17c | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                            | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                            |     | \$0.00        |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                            | 18. |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , , ,                             | o support others who do not live with you.                                 | 10  | <b>£0.00</b>  |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | es not included in lines 4 or 5 of this form or on Schedule I: Your Income | 19. | <del></del>   |
| 20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                            | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                            |     |               |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20c. Property, homeowner's,       | or renter's insurance                                                      |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20d. Maintenance, repair, and     | upkeep expenses.                                                           |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20e. Homeowner's associatio       | n or condominium dues                                                      | 20e | \$0.00        |

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| Debtor 1 Loind                                                |                          |                         | Jones                        | Case number (if known) |     |            |
|---------------------------------------------------------------|--------------------------|-------------------------|------------------------------|------------------------|-----|------------|
| First N                                                       | lame                     | Middle Name             | Last Name                    |                        |     |            |
| 21. <b>Other.</b> Spe                                         | cify:                    |                         |                              |                        | 21  | \$0.00     |
| 00 0-1-1-1-                                                   |                          |                         |                              |                        |     |            |
|                                                               | your monthly expense     | S.                      |                              |                        |     | \$2,271.00 |
|                                                               | nes 4 through 21.        |                         |                              |                        |     | \$0.00     |
|                                                               | line 22 (monthly expens  |                         |                              | \$2,271.00             |     |            |
| 22c. Add lir                                                  | ne 22a and 22b. The res  | ult is your monthly exp | enses.                       |                        | 22. |            |
| 23. Calculate                                                 | your monthly net incor   | me.                     |                              |                        |     |            |
| 23a. Copy                                                     | ine 12 (your combined i  | monthly income) from S  | Schedule I.                  |                        | 23a | \$2,446.01 |
| 23b. Copy                                                     | your monthly expenses    | from line 22 above.     |                              |                        | 23b | \$2,271.00 |
| 23c. Subtract your monthly expenses from your monthly income. |                          |                         |                              |                        |     | \$175.01   |
| The re                                                        | sult is your monthly net | income.                 |                              |                        | 23c |            |
|                                                               |                          |                         | oan within the year or do yo |                        |     |            |

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| Debtor 1            | Loinda                    |             | Jones                |
|---------------------|---------------------------|-------------|----------------------|
|                     | First Name                | Middle Name | Last Name            |
| Debtor 2            |                           |             |                      |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E     | Bankruptcy Court for the: | Northern    | District of Illinois |
|                     |                           |             | (State)              |
| Case number         |                           |             |                      |
| (If known)          |                           |             |                      |

Check if this is an amended filing

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below                                                  |                                                                                               |
|-----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|     | Did you pay or agree to pay someone who is NOT an attorney to h  | nelp you fill out bankruptcy forms?                                                           |
|     | <b>▼</b> No                                                      |                                                                                               |
|     | Yes. Name of person                                              | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |                                                                  |                                                                                               |
|     |                                                                  |                                                                                               |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and                                                 |
|     | that they are true and correct.                                  |                                                                                               |
| ×   | /s/ Loinda Jones                                                 | ×                                                                                             |
|     | Signature of Debtor 1                                            | Signature of Debtor 2                                                                         |
|     | Date 2/20/2018                                                   | Date                                                                                          |
|     | MM/DD/YYYY                                                       | MM/DD/YYYY                                                                                    |

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| Fill in this                   | s information                               | to identify your                                  | case:                                                 |                                                      |                                   |             |                 |                                      |
|--------------------------------|---------------------------------------------|---------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|-----------------------------------|-------------|-----------------|--------------------------------------|
| Debtor 1                       | Loind                                       |                                                   |                                                       | Jones                                                |                                   |             |                 |                                      |
| Debtor I                       | First N                                     |                                                   | Middle N                                              |                                                      | e                                 |             |                 |                                      |
| Debtor 2<br>(Spouse, if t      |                                             | lame                                              | Middle N                                              | ame Last Nam                                         | <u> </u>                          |             |                 |                                      |
| United St                      | tates Bankrup                               | tcy Court for the                                 | : Northern                                            | District of Illino                                   | is                                |             |                 |                                      |
| Case nur                       |                                             | ·                                                 |                                                       | (Stat                                                | e)                                |             |                 |                                      |
| (If known)                     |                                             |                                                   |                                                       |                                                      |                                   |             |                 | <b>—</b>                             |
| Offic                          | ial Fori                                    | n 107                                             |                                                       |                                                      |                                   |             |                 | Check if this is a<br>amended filing |
| State                          | ment of                                     | Financia                                          | al Affairs fo                                         | or Individuals                                       | Filina for                        | Bankru      | ıptcv           | 04/1                                 |
| Be as co<br>informat<br>number | mplete and<br>ion. If more<br>(if known). A | accurate as po<br>space is need<br>Answer every o | ossible. If two ma<br>led, attach a sepa<br>question. | arried people are filing<br>rate sheet to this form  | together, both<br>. On the top of | are equally | responsible for |                                      |
| Part 1:                        | Give Detai                                  | ls About Your                                     | Marital Status                                        | and Where You Lived                                  | Before                            |             |                 |                                      |
| 1. Wh                          | nat is your cu                              | irrent marital s                                  | tatus?                                                |                                                      |                                   |             |                 |                                      |
|                                | Married                                     |                                                   |                                                       |                                                      |                                   |             |                 |                                      |
| <b>✓</b>                       | Not marrie                                  | d                                                 |                                                       |                                                      |                                   |             |                 |                                      |
| 2. Du                          | ring the last                               | 3 years, have y                                   | ou lived anywhere                                     | other than where you liv                             | ve now?                           |             |                 |                                      |
|                                | No<br>Yes. List al                          | l of the places y                                 | ou lived in the last                                  | 3 years. Do not include v                            | vhere you live n                  | OW.         |                 |                                      |
|                                | Debtor 1:                                   |                                                   |                                                       | Dates Debtor 1 lived there                           | Debtor 2:                         |             |                 | Dates Debtor 2 lived there           |
|                                |                                             |                                                   |                                                       |                                                      | Same as                           | Debtor 1    |                 | Same as Debtor 1                     |
|                                | 7729 S Cre                                  | gier Ave                                          |                                                       |                                                      | _                                 |             |                 | _                                    |
|                                | Number St                                   | <u> </u>                                          |                                                       | From                                                 | Number Stree                      | et          |                 | From                                 |
|                                |                                             |                                                   | ,                                                     | To                                                   |                                   |             |                 | To                                   |
|                                | Chicago<br>City                             | Illinois<br>State                                 | Zip Code                                              |                                                      | City                              | State       | Zip Code        |                                      |
|                                |                                             |                                                   | <u> </u>                                              |                                                      | Same as                           | Debtor 1    | ·               | Same as Debtor 1                     |
|                                | Number Sti                                  | reet                                              |                                                       | From                                                 | Number Stree                      | et          |                 | From                                 |
|                                |                                             |                                                   |                                                       | То                                                   |                                   |             |                 | To                                   |
|                                | City                                        | State                                             | Zip Code                                              |                                                      | City                              | State       | Zip Code        |                                      |
|                                |                                             |                                                   |                                                       | ouse or legal equivalent<br>ana, Nevada, New Mexico, | -                                 |             |                 | Community property states            |

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| Debtor              | 1 Loinda                                                                                                                                                                                                                               | Jones                                                                                    |                                                                                                 | umber (if known)                                       |                                                                  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
|                     | First Name Middle                                                                                                                                                                                                                      | Name Last N                                                                              | lame                                                                                            |                                                        |                                                                  |
| Part 2:             | Explain the Sources of Your Inc                                                                                                                                                                                                        | ome                                                                                      |                                                                                                 |                                                        |                                                                  |
| Fill                | d you have any income from employm in the total amount of income you receivitivities. If you are filing a joint case and you not                                                                   | red from all jobs and all bu                                                             | sinesses, including part-time                                                                   |                                                        | years?                                                           |
|                     |                                                                                                                                                                                                                                        | Debtor 1                                                                                 |                                                                                                 | Debtor 2                                               |                                                                  |
|                     |                                                                                                                                                                                                                                        | Sources of income<br>Check all that apply.                                               | Gross income<br>(before deductions and<br>exclusions)                                           | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|                     | From January 1 of current year until<br>he date you filed for bankruptcy:                                                                                                                                                              | Wages, commissions, bonuses, tips Operating a business                                   | \$2325.00                                                                                       | Wages, commissions, bonuses, tips Operating a business |                                                                  |
|                     | For last calendar year:  January 1 to December 31, 2017 )  YYYY                                                                                                                                                                        | Wages, commissions, bonuses, tips Operating a business                                   | \$21000.00                                                                                      | Wages, commissions, bonuses, tips Operating a business |                                                                  |
|                     | For the calendar year before that:  January 1 to December 31, 2016 )  YYYY                                                                                                                                                             | Wages, commissions, bonuses, tips Operating a business                                   | \$21000.00                                                                                      | Wages, commissions, bonuses, tips Operating a business |                                                                  |
| Inc<br>pul<br>filin | I you receive any other income during lude income regardless of whether that in plic benefit payments; pensions; rental ing a joint case and you have income that teach source and the gross income from No  Yes. Fill in the details. | come is taxable. Examples<br>come; interest; dividends; i<br>you received together, list | s of other income are alimony;<br>money collected from lawsuits<br>it only once under Debtor 1. | ; royalties; and gambling and                          |                                                                  |
|                     |                                                                                                                                                                                                                                        | Debtor 1                                                                                 |                                                                                                 | Debtor 2                                               |                                                                  |
|                     |                                                                                                                                                                                                                                        | Sources of income<br>Describe below.                                                     | Gross income from<br>each source<br>(before deductions<br>and exclusions)                       | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|                     | From January 1 of current year until<br>the date you filed for bankruptcy:                                                                                                                                                             | Est LINK                                                                                 | \$0.00                                                                                          |                                                        |                                                                  |
|                     | For last calendar year: (January 1 to December 31, 2017 )  YYYY                                                                                                                                                                        | Est LINK                                                                                 | \$5,220.00                                                                                      |                                                        |                                                                  |
|                     | For the calendar year before that: (January 1 to December 31, 2016 )  YYYY                                                                                                                                                             | Est LINK                                                                                 | \$2,868.00                                                                                      |                                                        |                                                                  |
|                     |                                                                                                                                                                                                                                        |                                                                                          |                                                                                                 |                                                        |                                                                  |

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Debtor 1 Loinda Jones \_ Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage City of Chicago - Parking and red Light 02/2018 \$835.00 \$3200.00 Tickets Car Creditor's Name Credit card Department of Revenue - PO Box 88292 Number Street Loan repayment Suppliers or Chicago Illinois 60680 vendors City State Zip Code ✓ Other Mortgage South Shore Homes LLC 02/2018 \$982.00 \$0.00 Creditor's Name Car 5701 South Cass Ave Credit card Number Street Loan repayment Westmont Illinois 60559 Suppliers or City State Zip Code ✓ Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

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| or 1              | Loinda                                  |                                      |                                                                      | Jo                                        | nes                                         | Case number                                  | (if known)                                                                                                    |
|-------------------|-----------------------------------------|--------------------------------------|----------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                   | First Name                              |                                      | Middle Name                                                          | Las                                       | st Name                                     |                                              |                                                                                                               |
| nsi<br>con<br>age | ders include your<br>porations of whicl | relatives; and you are a for a busir | any general partners<br>an officer, director,<br>ness you operate as | s; relatives of any<br>person in control, | general partners; par<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>          | No                                      |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | Yes. List all pay                       | ments to                             | an insider.                                                          | Dates of                                  | Total amazonak                              | A                                            | Descent fauthic resument                                                                                      |
|                   |                                         |                                      |                                                                      | Dates of payment                          | Total amount paid                           | Amount you still owe                         | Reason for this payment                                                                                       |
|                   | Insider's Name                          |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | Number Street                           |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | City                                    | State                                | Zip Code                                                             |                                           |                                             |                                              |                                                                                                               |
|                   | Insider's Name                          |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | Number Street                           |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   |                                         |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | City                                    | State                                | Zip Code                                                             |                                           |                                             |                                              |                                                                                                               |
|                   | No                                      | _                                    | aranteed or cosigne                                                  | ·                                         | Total amount paid                           | Amount you still owe                         | Reason for this payment  Include creditor's name                                                              |
|                   | Insider's Name                          |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | Number Street                           |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | City                                    | State                                | Zip Code                                                             |                                           |                                             |                                              |                                                                                                               |
|                   | Insider's Name                          |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | Number Street                           |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   |                                         |                                      |                                                                      |                                           |                                             |                                              |                                                                                                               |
|                   | City                                    | State                                | Zip Code                                                             |                                           |                                             |                                              |                                                                                                               |

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Paycheck garnishment \$0 City of Chicago - Parking and red Light Tickets Creditor's Name Explain what happened Department of Revenue - PO Box 88292 Number Street Property was repossessed. Property was foreclosed. Chicago Illinois 60680 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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| Debt | or 1     | Loinda                                                     |                          | Jones                       | Case number (if known)        | )                        |                     |
|------|----------|------------------------------------------------------------|--------------------------|-----------------------------|-------------------------------|--------------------------|---------------------|
|      |          | First Name                                                 | Middle Name              | Last Name                   | <del></del>                   |                          |                     |
| 11.  |          | thin 90 days before you file<br>counts or refuse to make a |                          |                             | ank or financial institution, | set off any amou         | ints from your      |
|      | <b>✓</b> | No                                                         |                          |                             |                               |                          |                     |
|      |          | Yes. Fill in the details.                                  |                          |                             |                               |                          |                     |
|      |          |                                                            |                          | Describe the action the     | e creditor took               | Date action was taken    | Amount              |
|      |          | Creditor's Name                                            |                          |                             |                               |                          |                     |
|      |          | Number Ctreet                                              |                          |                             |                               |                          |                     |
|      |          | Number Street                                              |                          | Last 4 digits of account r  | numher: XXXX-                 |                          |                     |
|      |          |                                                            |                          | Last Faight of account      | idinibol. 70000               |                          |                     |
|      |          | City State                                                 | Zip Code                 |                             |                               |                          |                     |
| 12.  |          | hin 1 year before you filed<br>pointed receiver, a custodi |                          | y of your property in the   | possession of an assignee fo  | or the benefit of o      | creditors, a court- |
|      | <b>V</b> | No                                                         |                          |                             |                               |                          |                     |
|      |          | Yes                                                        |                          |                             |                               |                          |                     |
| Part | 5:       | List Certain Gifts and 0                                   | Contributions            |                             |                               |                          |                     |
| 13.  | Wi       | thin 2 years before you file                               | ed for bankruptcy, did v | ou give any gifts with a to | otal value of more than \$600 | ) per person?            |                     |
|      | _        |                                                            | , , , , , , ,            |                             |                               |                          |                     |
|      | ¥        | Yes. Fill in the details for                               | each aift.               |                             |                               |                          |                     |
|      |          | Gifts with a total value o<br>per person                   | _                        | Describe the gifts          |                               | Dates you gave the gifts | Value               |
|      |          |                                                            |                          |                             |                               |                          |                     |
|      |          | Person to Whom You Gave                                    | e the Gift               |                             |                               |                          |                     |
|      |          | Number Street                                              |                          |                             |                               |                          |                     |
|      |          | City State                                                 | Zip Code                 |                             |                               |                          |                     |
|      |          | Person's relationship to you                               | u                        |                             |                               |                          |                     |
|      |          | Person to Whom You Gave                                    | e the Gift               |                             |                               |                          |                     |
|      |          |                                                            |                          |                             |                               |                          |                     |
|      |          | Number Street                                              |                          |                             |                               |                          |                     |
|      |          | City State                                                 | Zip Code                 |                             |                               |                          |                     |
|      |          | Person's relationship to you                               | u                        |                             |                               |                          |                     |

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| btor 1 | Loinda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | Jones                                                                                | Case number (if know         | vn)                                  |                        |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------|--------------------------------------|------------------------|
|        | First Name Mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iddle Name                                                  | Last Name                                                                            | •                            | <u> </u>                             |                        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                      |                              |                                      |                        |
| Wit    | hin 2 years before you filed for ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ankruptcy, did y                                            | ou give any gifts or contribut                                                       | ions with a total value      | of more than \$600                   | to any charity?        |
|        | l Ni-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                                      |                              |                                      |                        |
| ✓      | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                                      |                              |                                      |                        |
|        | Yes. Fill in the details for each gi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ift or contribution                                         | า.                                                                                   |                              |                                      |                        |
|        | Gifts or contributions to chariti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ia a                                                        | Describe what you contrib                                                            |                              | Data way                             | Value                  |
|        | that total more than \$600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ies                                                         | Describe what you contrib                                                            | utea                         | Date you<br>contributed              | Value                  |
|        | that total more than \$000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                      |                              | Contributed                          |                        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                      |                              |                                      | -                      |
|        | Charity's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                      |                              |                                      |                        |
|        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                      |                              |                                      |                        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                      |                              |                                      |                        |
|        | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                      |                              |                                      |                        |
|        | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                      |                              |                                      |                        |
|        | City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip Code                                                    |                                                                                      |                              |                                      |                        |
|        | City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip Code                                                    |                                                                                      |                              |                                      |                        |
|        | List Certain Losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                      |                              |                                      |                        |
| . О.   | List Oci talli Losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                                      |                              |                                      |                        |
|        | Yes. Fill in the details.  Describe the property you lost a how the loss occurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and                                                         | Describe any insurance co                                                            | urance has paid. List        | Date of your loss                    | Value of property lost |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | pending insurance claims or                                                          | n line 33 of <i>Schedule</i> |                                      |                        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | A/B: Property.                                                                       |                              |                                      |                        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                      |                              |                                      |                        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                      |                              |                                      |                        |
| rt 7:  | List Certain Payments or Tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ansfers                                                     |                                                                                      |                              |                                      |                        |
| Wit    | List Certain Payments or Tra<br>hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nkruptcy, did yo                                            | y petition?                                                                          |                              |                                      | anyone you consulte    |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nkruptcy, did yo                                            | y petition?                                                                          |                              |                                      | anyone you consulte    |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nkruptcy, did yo                                            | y petition?                                                                          |                              |                                      | anyone you consulte    |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nkruptcy, did yo                                            | y petition?                                                                          | ervices required in your b   | ankruptcy.  Date payment or transfer | Amount of payment      |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petit<br>No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nkruptcy, did yo                                            | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nkruptcy, did yo                                            | ey petition?  credit counseling agencies for so  Description and value of an         | ervices required in your b   | ankruptcy.  Date payment or transfer | Amount of              |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No<br>Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nkruptcy, did yo                                            | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No<br>Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nkruptcy, did yo                                            | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No<br>Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nkruptcy, did yo                                            | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar<br>out seeking bankruptcy or prepar<br>ude any attorneys, bankruptcy petiti<br>No<br>Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nkruptcy, did yo                                            | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petition.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nkruptcy, did yo<br>ring a bankruptc<br>ion preparers, or o | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or prepar ude any attorneys, bankruptcy petitically No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petition.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nkruptcy, did yo<br>ring a bankruptc<br>ion preparers, or o | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petition.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or prepar ude any attorneys, bankruptcy petitically No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitics.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petition.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitics.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitics.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitic No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitics.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitic No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitic No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitically not be any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if Person Who Was Paid  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitic No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitically bank | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitically not be any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, if Person Who Was Paid  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |
| Wit    | hin 1 year before you filed for bar but seeking bankruptcy or preparude any attorneys, bankruptcy petitically bank | nkruptcy, did yoring a bankruptcion preparers, or o         | petition? credit counseling agencies for so  Description and value of an transferred | ervices required in your b   | Date payment or transfer was made    | Amount of payment      |

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| Deb |             | Loinda                                                                                  |                                                      |                                              | ase number <i>(if known)</i> |                                    |                              |
|-----|-------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|------------------------------|------------------------------------|------------------------------|
|     |             | First Name                                                                              | Middle Name                                          | Last Name                                    |                              |                                    |                              |
| 17. | help        | hin 1 year before you filed<br>o you deal with your credi<br>not include any payment or | tors or to make payme                                |                                              | nalf pay or transfer         | any property to a                  | inyone who promised to       |
|     |             | No<br>Yes. Fill in the details.                                                         |                                                      |                                              |                              |                                    |                              |
|     |             |                                                                                         |                                                      | Description and value of any protransferred  | perty                        | Date payment or transfer was made  | Amount of payment            |
|     |             | Person Who Was Paid                                                                     |                                                      |                                              |                              |                                    |                              |
|     |             | Number Street                                                                           |                                                      |                                              |                              |                                    |                              |
|     |             | City State                                                                              | Zip Code                                             |                                              |                              |                                    |                              |
| 18. | the<br>Incl | ordinary course of your b                                                               | usiness or financial aff<br>and transfers made as se | ecurity (such as the granting of a secur     |                              |                                    |                              |
|     |             |                                                                                         |                                                      | Description and value of propert transferred |                              | y property or<br>ceived or debts p | Date transfer was made       |
|     |             | Person Who Received Tran                                                                | nsfer                                                |                                              |                              |                                    |                              |
|     |             | Number Street                                                                           |                                                      |                                              |                              |                                    |                              |
|     |             | City State<br>Person's relationship to yo                                               | Zip Code<br>u                                        |                                              |                              |                                    |                              |
|     |             | Person Who Received Tran                                                                | nsfer                                                |                                              |                              |                                    |                              |
|     |             | Number Street                                                                           |                                                      |                                              |                              |                                    |                              |
|     |             | City State<br>Person's relationship to yo                                               | Zip Code<br>u                                        |                                              |                              |                                    |                              |
| 19. | ben         | eficiary?<br>ese are often called asset-pro<br>No                                       |                                                      | you transfer any property to a self-         | settled trust or sim         | ilar device of whi                 | ch you are a                 |
|     |             | Yes. Fill in the details.                                                               |                                                      | Description and value of the pr              | operty transferred           |                                    | Date<br>transfer was<br>made |
|     |             | Name of trust                                                                           |                                                      |                                              |                              |                                    |                              |

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Debtor 1 Loinda Jones Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Debtor 1 Loinda Jones Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb  |                         | Loinda                                  |                |                        | Jones              |            | Cas                | e number (ii  | fknown)       |               |                                  |
|------|-------------------------|-----------------------------------------|----------------|------------------------|--------------------|------------|--------------------|---------------|---------------|---------------|----------------------------------|
|      |                         | First Name                              |                | Middle Name            | Last Na            | ame        |                    |               |               |               |                                  |
| 26.  | Hav                     | e you been a part                       | y in any judic | ial or administr       | ative proceedir    | ng under   | any environmer     | ntal law? In  | clude settler | ments and ord | lers.                            |
|      |                         | No<br>Yes. Fill in the det              | tails.         |                        |                    |            |                    |               |               |               |                                  |
|      | Ч                       |                                         |                |                        | Court or agenc     | ;y         |                    | Nature (      | of the case   |               | Status of the case               |
|      |                         | Case title                              |                |                        |                    |            |                    |               |               |               | Pending                          |
|      |                         |                                         |                |                        | Court Name         |            |                    |               |               |               | On appeal                        |
|      |                         | Case number                             |                |                        | NumberStreet       |            |                    |               |               |               | Concluded                        |
|      |                         | _                                       |                |                        | City               | State      | Zip Code           |               |               |               |                                  |
| Pari | t 11:                   | Give Details Al                         | oout Your E    | Susiness or Co         | onnections to      | Any Bu     | siness             |               |               |               |                                  |
| 27.  | With                    | nin 4 years before                      | you filed for  | bankruptcy, did        | l you own a bus    | iness or   | have any of the    | following c   | onnections t  | o any busines | ss?                              |
|      |                         |                                         |                |                        |                    |            | activity, either f | ull-time or p | oart-time     |               |                                  |
|      |                         | A member of A partner in a              |                | oility company (L      | .LC) or limited li | ability pa | irtnership (LLP)   |               |               |               |                                  |
|      |                         |                                         | -              | naging executiv        | e of a corporat    | tion       |                    |               |               |               |                                  |
|      |                         | An owner of                             | at least 5% c  | f the voting or e      | quity securities   | of a corp  | ooration           |               |               |               |                                  |
|      | $\overline{\mathbf{A}}$ | No. None of the a<br>Yes. Check all tha |                |                        |                    | or oach h  | v uninone          |               |               |               |                                  |
|      | ш                       | res. Oneck all the                      | ат арріу аро   | re and ill in the      |                    |            | ıre of the busine  | ess           | Employer I    | dentification | number Do not                    |
|      |                         |                                         |                |                        |                    |            |                    |               | include So    | cial Security | number or ITIN.                  |
|      |                         | Business Name                           |                |                        | _                  |            |                    |               | EIIN.         |               |                                  |
|      |                         | Number Street                           |                |                        | Name of            | account    | ant or bookkeep    | er            | Dates busi    | ness existed  |                                  |
|      |                         | City                                    | State          | Zip Code               | _                  |            |                    |               | From          | То            |                                  |
|      |                         |                                         |                |                        |                    |            |                    |               |               |               |                                  |
|      |                         |                                         |                |                        | Describe           | the natu   | re of the busine   | ess           |               |               | number Do not<br>number or ITIN. |
|      |                         | Business Name                           |                |                        |                    |            |                    |               | EIN:          |               |                                  |
|      |                         | Number Street                           |                |                        | _                  |            |                    |               | Dates busi    | ness existed  |                                  |
|      |                         | City                                    | State          | Zip Code               | Name of            | accounta   | ant or bookkeep    | er            | From          | To            |                                  |
|      |                         | o,                                      | Olalo          | <b>_</b> .p <b></b> .p |                    |            |                    |               | 110111        | 10            |                                  |
|      |                         |                                         |                |                        |                    |            |                    |               |               |               |                                  |
|      |                         |                                         |                |                        | Describe           | the natu   | ire of the busine  | ess           |               |               | number Do not<br>number or ITIN. |
|      |                         | Business Name                           |                |                        | _                  |            |                    |               | EIN:          |               |                                  |
|      |                         | Number Street                           |                |                        | Nome of            | 2000:      | ant or bookless    | nor .         | Dates busi    | ness existed  |                                  |
|      |                         | City                                    | State          | Zip Code               |                    | account    | ant or bookkeep    | 161           | From          | То            |                                  |
|      |                         |                                         |                |                        |                    |            |                    |               |               |               |                                  |
|      |                         |                                         |                |                        |                    |            |                    |               |               |               |                                  |

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| Deb  | tor 1 Loinda                                          |                            | Jones                         | Case number (if known)                                                                                                    |
|------|-------------------------------------------------------|----------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------|
|      | First Name                                            | Middle Name                | Last Name                     |                                                                                                                           |
| 28.  | Within 2 years before you creditors, or other parties |                            | ou give a financial stateme   | nt to anyone about your business? Include all financial institutions,                                                     |
|      | Yes. Fill in the details                              | below.                     |                               |                                                                                                                           |
|      | _                                                     |                            | Date issued                   |                                                                                                                           |
|      | Name                                                  |                            | MM/DD/YYYY                    |                                                                                                                           |
|      |                                                       |                            |                               |                                                                                                                           |
|      | Number Street                                         |                            | _                             |                                                                                                                           |
|      | City                                                  | State Zip Code             | _                             |                                                                                                                           |
| Pari | t 12: Sign Below                                      |                            |                               |                                                                                                                           |
|      | a bankruptcy case can resi                            | · ·                        | ,                             | ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | Signature of                                          |                            |                               | Signature of Debtor 2                                                                                                     |
|      | D-1- 0/00                                             | (0.04.0                    |                               | Date                                                                                                                      |
|      | Date 2/20                                             | /2018                      |                               |                                                                                                                           |
| l    | Did you attach additional p                           | ages to Your Statement of  | Financial Affairs for Individ | luals Filing for Bankruptcy (Official Form 107)?                                                                          |
| ı    | <b>✓</b> No                                           |                            |                               |                                                                                                                           |
| i    | Yes                                                   |                            |                               |                                                                                                                           |
| ı    | Did you pay or agree to pay                           | y someone who is not an at | torney to help you fill out b | ankruptcy forms?                                                                                                          |
|      | <b>✓</b> No                                           |                            |                               |                                                                                                                           |
| İ    | Yes. Name of person                                   |                            |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).                      |

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B2030 (Form 2030) (12/15)

## **UNITED STATES BANKRUPTCY COURT**

|      |                                                                                                                                     | Northern Distri                       | ict of Illinois                                                             |                                   |
|------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------|-----------------------------------|
| n re | Loinda Jones                                                                                                                        |                                       | Case No.                                                                    |                                   |
| -    | Debtor                                                                                                                              |                                       |                                                                             | (If known)                        |
|      |                                                                                                                                     |                                       | Chapter                                                                     | Chapter 13                        |
|      | DISCLOSURE OF                                                                                                                       | COMPENSATIO                           | N OF ATTORNEY                                                               | FOR DEBTOR                        |
| 1    | <ol> <li>Pursuant to 11 U.S.C. § 329(a) and<br/>compensation paid to me within on<br/>rendered or to be rendered on beha</li> </ol> | e year before the filing of the       | petition in bankruptcy, or agreed                                           | to be paid to me, for services    |
|      | For legal services, I have agreed to                                                                                                | accept                                |                                                                             | \$4,000.00                        |
|      | Prior to the filing of this statement                                                                                               | have received                         |                                                                             | \$350.00                          |
|      | Balance Due                                                                                                                         |                                       |                                                                             | \$3,650.00                        |
| 2    | 2. The source of the compensation pa                                                                                                | id to me was:                         |                                                                             |                                   |
|      | <b>Debtor</b>                                                                                                                       | Other (specify                        | )                                                                           |                                   |
| 3    | 3. The source of the compensation pa                                                                                                | id to me is:                          |                                                                             |                                   |
|      | Debtor                                                                                                                              | Other (specify                        | )                                                                           |                                   |
| 4    | 1. I have not agreed to share the a members and associates of my                                                                    | bove-disclosed compensation law firm. | on with any other person unless th                                          | ney are                           |
|      |                                                                                                                                     | w firm. A copy of the agreem          | rith a other person or persons who<br>nent, together with a list of the nar |                                   |
| 5    | 5. In return for the above-disclosed fe                                                                                             | e, I have agreed to render leg        | al service for all aspects of the bar                                       | nkruptcy case, including:         |
|      | <ul> <li>a. Analysis of the debtor's fina<br/>bankruptcy;</li> </ul>                                                                | ncial situation, and renderinç        | g advice to the debtor in determini                                         | ing whether to file a petition in |
|      | b. Preparation and filing of any                                                                                                    | petition, schedules, stateme          | ents of affairs and plan which may                                          | be required;                      |
|      | c. Representation of the debto                                                                                                      | r at the meeting of creditors         | and confirmation hearing, and any                                           | y adjourned hearings thereof;     |
|      | d. Representation of the debto                                                                                                      | r in adversary proceedings a          | nd other contested bankruptcy ma                                            | atters;                           |
| 6    | 6. By agreement with the debtor(s), the                                                                                             | e above-disclosed fee does n          | ot include the following services:                                          |                                   |
|      |                                                                                                                                     |                                       |                                                                             |                                   |
|      |                                                                                                                                     | CERTIFIC                              | CATION                                                                      |                                   |
|      | I certify that the foregoing is a complotor(s) in this bankruptcy proceedings                                                       |                                       | ent or arrangement for payment to                                           | me for representation of the      |
|      | 2/20/2018                                                                                                                           |                                       | /s/ Brittney Mansfield                                                      |                                   |
|      | Date                                                                                                                                |                                       | Signature of Attorney                                                       |                                   |
|      |                                                                                                                                     |                                       | Semrad Law Firm                                                             |                                   |
|      |                                                                                                                                     |                                       | Name of law firm                                                            |                                   |
|      |                                                                                                                                     |                                       |                                                                             |                                   |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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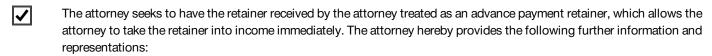
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 2/20/2018 |                        |
|----------|-----------|------------------------|
| Signed   | 1         |                        |
| /s/ Loin | da Jones  |                        |
|          |           | /s/ Brittney Mansfield |
| Debtor(  | s)        | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

## **Chapter 7: Liquidation**

|      | \$245 | filing fee         |
|------|-------|--------------------|
| \$75 |       | administrative fee |
| +    | \$15  | trustee surcharge  |
|      | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   |          | filing fee<br>administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> |                                  |
|   | \$275    | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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## **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Jones, Loinda                              | Case No                                                | Case No                             |  |  |
|-----------------|--------------------------------------------|--------------------------------------------------------|-------------------------------------|--|--|
|                 | Debtor(s)                                  | Chapter.                                               | Chapter13                           |  |  |
|                 | VERIFIC                                    | ATION OF CREDITOR MAT                                  | RIX                                 |  |  |
| TI<br>knowledge | he above named Debtors hereby verify<br>e. | that the attached list of creditors is tro             | ue and correct to the best of their |  |  |
| Date:           | 2/20/2018                                  | /s/ Jones, Loinda<br>Jones, Loinda<br>Signature of Deb |                                     |  |  |

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

CONTRACT CALLERS INC 501 GREENE ST FL 3 AUGUSTA, GA, 30901

CREDITORS DISCOUNT & A 415 E MAIN ST STREATOR, IL, 61364

CREDIT MANAGEMENT LP PO Box 118288 Carrollton, TX, 75011

GLA COLLECTION CO INC 2630 GLEESON LN LOUISVILLE, KY, 40299

LVNV FUNDING LLC PO Box 10587 Greenville, SC, 29603

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Harris and Harris LTD 111 W Jackson Blvd Suite 600 Chicago, IL, 60604

Secretary of State of Illinois 9901 S. King Dr. Chicago, IL, 60628

Americash 1726 W Jefferson St Joliet, IL, 60435

American Family Insurance 6802 W 111th St Worth, IL, 60482 Newman, Leonard 77 W Washington St Ste 1717 Chicago, IL, 60602

Illinois Title Loan 1720 Plainfield Rd Crest Hill, IL, 60403

WEB BANK P O Box 23065 Columbus, GA, 31902

Jackson Park Hospital 7531 S. Stony Island Ave Chicago, IL, 60649

Christ Hospital 4400 W 95th St Oak Lawn, IL, 60453

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*: If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 2/20/2018   |                                      |
|-----------|-------------|--------------------------------------|
| Signed:   |             |                                      |
| /s/ Loine | da Jones    |                                      |
| 0         | Loinde July | /s/ Brittney Mansfield Butthy Man La |
| Debtor(   | s) /        | Attorney for Debtor(s)               |

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

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| Debtor 1 Loinda<br>First Name                                                                                                                                                                             | Jones<br>Middle Name Last Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Case number                                                                                               | er (if known)                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                                                                                                                                                                                           | estions for Reporting Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                        |
| 16. What kind of debts do<br>you have?                                                                                                                                                                    | 16a. Are your debts primarily con "incurred by an individual prim No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business.                                                                                                                                                                                                                                                                                                                                                                                                                                 | narily for a personal, family, or iness debts? Business debts transfer the operation                      | are debts that you incurred to obtain n of the business or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that funds  No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                        |
| 18. How many creditors<br>do you estimate that<br>you owe?                                                                                                                                                | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                                              | 25,001-50,000<br>50,001-100,000<br>More than 100,000                   |
| 19. How much do you estimate your assets to be worth?                                                                                                                                                     | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | on \$1,000,000,001-\$10 billion<br>ion \$10,000,000,001-\$50 billion   |
| 20. How much do you estimate your liabilities to be?                                                                                                                                                      | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 m       | on \$1,000,000,001-\$10 billion<br>lion \$10,000,000,001-\$50 billion  |
| Part 7: Sign Below                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                        |
| For you                                                                                                                                                                                                   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |                                                                                                           |                                                                        |
|                                                                                                                                                                                                           | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **/s/Loinda Jones**                                                                                                                                                                               |                                                                                                           |                                                                        |
|                                                                                                                                                                                                           | Signature of Debtor 1  Executed on 2/20/2018  MM / DD / Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | /                                                                                                         | nature of Debtor 2 ecuted onMM / DD / YYYY                             |

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| Fill in this information to identify your case: |                           |             |                              |  |  |
|-------------------------------------------------|---------------------------|-------------|------------------------------|--|--|
| Debtor 1                                        | tor 1 Loinda              |             | Jones                        |  |  |
|                                                 | First Name                | Middle Name | Last Name                    |  |  |
| Debtor 2                                        |                           |             |                              |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       |                           |             | (5.00)                       |  |  |

## Official Form 106Dec

Check if this is an amended filing

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below                                                                                                      |                                               |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?                  |                                               |  |  |  |
|     | Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |                                               |  |  |  |
|     |                                                                                                                    |                                               |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct.                   | and schedules filed with this declaration and |  |  |  |
| ×   | /s/ Loinda Jones June Jule Signature of Debtor 1                                                                   | Signature of Debtor 2                         |  |  |  |
|     | Date 2/20/2018 MM/DD/YYYY                                                                                          | Date MM/DD/YYYY                               |  |  |  |

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| Debtor 1                       | 1 Loinda                                       |                              | Jones                        | Case number (if known)                                                                                                                                                                              |
|--------------------------------|------------------------------------------------|------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22 W.W. FB                     | First Name                                     | Middle Name                  | Last Name                    |                                                                                                                                                                                                     |
|                                | thin 2 years before y<br>editors, or other par |                              | you give a financial state   | ment to anyone about your business? Include all financial institutions,                                                                                                                             |
| Ě                              | Yes. Fill in the deta                          | ails below.                  |                              |                                                                                                                                                                                                     |
|                                | <del>-</del>                                   |                              | Date issued                  |                                                                                                                                                                                                     |
|                                | Name                                           |                              | MM/DD/YYYY                   | _                                                                                                                                                                                                   |
|                                | Number Street                                  |                              | _                            |                                                                                                                                                                                                     |
|                                | City                                           | State Zip Code               | _                            |                                                                                                                                                                                                     |
| Part 12                        | Sign Below                                     |                              |                              |                                                                                                                                                                                                     |
| true                           | and correct. I unde                            | rstand that making a false s | tatement, concealing pro     | nments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| * /s/Loinda Jones Lourd Jews * |                                                |                              | *                            |                                                                                                                                                                                                     |
|                                | Signatu                                        | re of Debtor 1               |                              | Signature of Debtor 2                                                                                                                                                                               |
|                                | Date 2                                         | /20/2018                     |                              | Date                                                                                                                                                                                                |
| Did                            | you attach addition                            | al pages to Your Statement   | of Financial Affairs for Inc | lividuals Filing for Bankruptcy (Official Form 107)?                                                                                                                                                |
| V                              | No                                             |                              |                              |                                                                                                                                                                                                     |
|                                | Yes                                            |                              |                              |                                                                                                                                                                                                     |
| Did                            | you pay or agree to                            | pay someone who is not an    | attorney to help you fill o  | ut bankruptcy forms?                                                                                                                                                                                |
| V                              | No                                             |                              |                              |                                                                                                                                                                                                     |
|                                | Yes. Name of person                            |                              |                              | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).                                                                                                |

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## **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Jones, Loinda  Debtor(s) | Case No                                                   |                                  |
|-----------------|--------------------------|-----------------------------------------------------------|----------------------------------|
|                 |                          | Chapter.                                                  | Chapter13                        |
|                 | VERIFIC                  | CATION OF CREDITOR MATR                                   | lX                               |
| Th<br>knowledge |                          | y that the attached list of creditors is true             | and correct to the best of their |
| Date:           | 2/20/2018                | /s/ Jones, Loinda<br>Jones, Loinda<br>Signature of Debtor | Loude Jone                       |

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| Debt                                                                                                                                                                                                        | or 1 Loinda<br>First Name                                                                                                                                                                                                                                                                                                                                  | Middle Name                                                                     | Jones<br>Last Name                       | Case number (if known)                                |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|--------------|
| 16.                                                                                                                                                                                                         | Calculate the median family income that applies to you. Follow these steps:                                                                                                                                                                                                                                                                                |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | 16a. Fill in the state in w                                                                                                                                                                                                                                                                                                                                | NOTE CONTINUED NOTE TO SELECT TO SELECT AND | Illinois                                 |                                                       |              |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            | of people in your household.                                                    | 5                                        |                                                       |              |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            | mily income for your state and s                                                | *                                        |                                                       | \$102,872.00 |
|                                                                                                                                                                                                             | household                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | To find                                  | a list of applicable median income amounts, go online |              |
|                                                                                                                                                                                                             | using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.                                                                                                                                                                                                                     |                                                                                 |                                          |                                                       |              |
| 17.                                                                                                                                                                                                         | How do the lines compare?  17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined                                                                                                                                                                                           |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | 7a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not determined under 11 U.S.C. § 1325(b)(3)</i> . <b>Go to Part 3.</b> Do NOT fill out <i>Calculation of Disposable Income</i> (Official Form 122C-2).                                                                             |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.                                 |                                                                                 |                                          |                                                       |              |
| Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |
| 18.                                                                                                                                                                                                         | Copy your total averag                                                                                                                                                                                                                                                                                                                                     | e monthly income from line 11                                                   | 1.                                       |                                                       | \$2,454.00   |
| 19.                                                                                                                                                                                                         | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.                                                                                  |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | 19a. If the marital adjustment does not apply, fill in 0 on line 19a.                                                                                                                                                                                                                                                                                      |                                                                                 |                                          |                                                       | -\$0.00      |
|                                                                                                                                                                                                             | 19b. Subtract line 19a                                                                                                                                                                                                                                                                                                                                     | from line 18.                                                                   | 4112700000000000000000000000000000000000 |                                                       | \$2,454.00   |
| 20.                                                                                                                                                                                                         | Calculate your current monthly income for the year. Follow these steps:                                                                                                                                                                                                                                                                                    |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | 20a. Copy line 19b.                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                          |                                                       | \$2,454.00   |
|                                                                                                                                                                                                             | Multiply by 12 (the                                                                                                                                                                                                                                                                                                                                        | number of months in a year).                                                    |                                          |                                                       | x 12         |
|                                                                                                                                                                                                             | 20b. The result is your c                                                                                                                                                                                                                                                                                                                                  | urrent monthly income for the ye                                                | ear for this part of the for             | m.                                                    | \$29,448.00  |
|                                                                                                                                                                                                             | 20c. Copy the median family income for your state and size of household from line 16c.                                                                                                                                                                                                                                                                     |                                                                                 |                                          |                                                       | \$102,872.00 |
| 21.                                                                                                                                                                                                         | 21. How do the lines compare?                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |
| Part 4: Sign Below                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.                                                                                                                                                                                                                     |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | * /s/ Loinda Jones Low &                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                          |                                                       |              |
| Signature of Debtor 1 Signature of Debtor 2                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |
|                                                                                                                                                                                                             | Date 2/20/201                                                                                                                                                                                                                                                                                                                                              |                                                                                 | ī                                        | Date                                                  |              |
| MM/DD/YYYY MM/DD/YYYY                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |
| If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. |                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                          |                                                       |              |